Marlacourt Limited

Oaklands Rest Home

Inspection report

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Date of inspection visit:
04 July 2016
05 July 2016
06 July 2016

Date of publication:
21 July 2016

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

The inspection took place on the 4, 5 and 6 July 2016 and was unannounced.

Oakland's rest home is registered to provide accommodation and personal care for up to 29 people. The service does not provide nursing care. At the time of our inspection 24 people were living at the home. The home provides a service for older people and people living with dementia. Accommodation at the home is provided over two floors, which can be accessed using stairs or passenger lifts.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they were safe and well cared for at the home. Staff knew how to identify abuse and protect people from it.

The service had carried out risk assessments to ensure that they protected people from harm.

There were enough staff deployed to provide the support people needed. People received care from staff that they knew and who knew how they wanted to be supported.

Medicines were ordered, stored, administered and disposed of safely.

Staff had developed caring relationships with people who used the service. People were included in decisions about their care.

People who required support to eat or drink received this in a patient and kind way.

The registered manager was knowledgeable about The Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. The Metal Capacity Act Code of Practice was followed when people were not able to make important decisions themselves. The manager understood their responsibility to ensure people's rights were protected.

People and relatives were asked for their views on the service and their comments were acted on. There was no restriction on when people could visit the home. People were able to see their friends and families when they wanted.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. People told us that they felt safe and well looked after.

Staffing levels were organised according to people's needs and the provider followed an appropriate recruitment process to employ suitable staff.

People received their medicines as prescribed and medicines were stored and managed safely.

Is the service effective?

Good

The service was effective. Staff were provided with training and support that gave them the skills to care for people effectively.

People's rights were protected because staff were aware of their responsibilities under the Mental Capacity Act 2005.

People had access to and were supported with their healthcare needs, including receiving attention from GPs and routine healthcare checks.

Is the service caring?

Good

The service was caring. People were comfortable and relaxed in the company of the staff supporting them.

Staff treated people with dignity, respect and kindness. They knew people's needs, likes, interests and preferences.

People were involved in making decisions about their care, treatment and support as far as possible.

Is the service responsive?

Good

The service was responsive. People using the service had personalised care plans and their needs were regularly reviewed to make sure they received the right care and support.

Staff responded promptly to people's changed needs or circumstances and relevant professionals were involved where

needed.

People were supported to maintain relationships with their friends and relatives.

Is the service well-led?

Good

The service was well-led. People spoke positively about the registered manager and how the service was run.

People were asked for their views of the home and their comments were acted on.

Systems were in place to monitor the quality and safety of the service.

Oaklands Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 4, 5 and 6 July 2016 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service. We checked to see what notifications had been received from the provider. A notification is information about important events which the provider is required to tell us about by law. Providers are required to inform the CQC of important events which happen within the service.

We asked the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with the provider, registered manager, lifestyle co-ordinator, four members of the care team, four people living at the home, the chef, two relatives and one visiting healthcare professionals. Following our inspection we spoke with two social workers from the local authority and two relatives.

We looked at the provider's records. These included four people's care records, four staff files, a sample of audits, satisfaction surveys, staff attendance rosters, policies and procedures.

We pathway tracked two people using the service. This is when we follow a person's experience through the service and get their views on the care they received.

Some people were not able to verbally communicate their views with us or answer our direct questions. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

We last inspected this service in January 2015. At that time there was not a registered manager in post. We also made a recommendation that the provider should take action to reduce the risk of social isolation. The service was rated at that time as Requires Improvement.

Good

Is the service safe?

Our findings

People told us they felt safe living at Oakland's. One person told us, "It's very nice here and I feel very safe". Another person told us, "I'm happy here. The staff keep me safe and help me to do things like go in the garden when it's nice". A relative told us, "I'm very happy for my relative to be here. They are happy here which makes me happy. I know they are safe". A social worker told us, "We have undertaken a number of routine reviews which have not identified any problems. We are continuing to place people in the service and again have not had any concerns about the new placements. They have also managed one particular challenging case very well. No concerns have been reported to us by family members or health colleagues".

Staff were aware of how to recognise and protect people from abuse. The home responded to safeguarding concerns and worked with the local authority. They obtained advice from them when appropriate and the registered manager reported safeguarding issues accordingly. Staff had received safeguarding training. One staff member said, "I haven't witnessed any type of abuse but if I did I would have no hesitation in reporting it". Staff were aware of the procedures in place to keep people safe and the levels of concern they needed to report.

People were supported to take positive risks to enhance their independence, whilst staff took action to protect them from avoidable harm. Where risks were identified, there was guidance for staff on the ways to keep people safe in the home. Staff gave examples of this such as checking the environment for trip hazards and supporting people with mobility needs to access the gardens. One person told us, "They (staff) make sure I am safe and come with me if I want them to go into the garden".

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

There were enough skilled staff deployed to support people and meet their needs. During the day we observed staff providing care and one-to-one support at different times. Staff were not rushed when providing personal care and people's care needs and their planned daily activities were attended to in a timely manner. Staff told us there were enough of them to meet people's needs. We observed staff providing care in a timely manner to people throughout our inspection. Staff responded to call bells quickly. People said call bells were answered promptly and staff responded quickly when they rang for help.

The home used an electronic system for recording the delivery, administration and disposal of medicines to people living at the home. The system was intended to reduce the risk of medication errors and to ensure that people received the right medication at the right time. The system also minimised the risk to people

who were prescribed 'as required' medication (PRN) for pain relief. For example, if a person requested prescribed pain relief before it was due the system would alert the member of staff. One member of staff told us, "This is a good system. I can tell at the push of a button the exact time someone has had their medication. It is also useful for people who need to take 'time specific medication', for example diabetics". The system allowed for a full medication audit 'at any time' and provided up to the minute information regarding medication within the home.

Medicines that were required to be kept cool were stored in an appropriate locked refrigerator and temperatures were monitored and recorded daily. Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD's). The CD's in the service were stored securely and records were accurately maintained. We reviewed four people's medicines administration records. They had been completed accurately with no gaps or omissions. This indicated they had an effective governance system in place to ensure medicines were managed and handled safely.

There were various health and safety checks carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the environment, fire safety, gas installations, electrical systems and appliances.

Equipment used to support people with their mobility needs, including hoists, had been serviced to ensure it was safe to use and fit for purpose. Staff had received training in moving and handling, including using equipment to assist people to mobilise. One staff member said, "I had training in this area recently. We have to ensure people's safety at all times so our training is important".

During our inspection we found that the home was clean and free from odours. This helped to ensure people's dignity. We found that the home had effective systems in place to ensure that the home maintained good hygienic levels and that the risk of infection was minimised.

The provider had plans in place to deal with foreseeable emergencies in the home. Emergency plans were in place for staff to follow. For example, in the event of a fire. Evacuation sledges were located and readily accessible on stairways and people living at the home had a Personal Emergency Evacuation Plan (PEEP) which was located at the main entrance to the home.

Good

Is the service effective?

Our findings

People, relatives and health and social care professionals told us staff were experienced and were meeting people's needs. One person said, "Yes they're all good and know what they are doing". One relative told us, "X (person) really has perked up since being here. They have regained their appetite and it's so nice to see them happy when I visit". Another relative told us, "They contact us if anything is wrong, they keep us informed". A visiting health care professional told us, "I have come in today to see a lady and the staff have been very accommodating. They have done everything we asked them to do in respect of the person".

People and relatives told us they were involved in decisions about their care and treatment. Their consent had been discussed and agreed in a range of areas including receiving medicines and support. Staff were knowledgeable about the importance of obtaining people's consent regarding their care and treatment in other areas of their lives. One relative told us, "The staff here let my relative do what they want to do so long as it is safe". One person told us, "I always get given a choice about what I want to do. Sometimes I do like to go and have a sing song or make things and sometimes I don't but nobody ever tells me what to do".

People who could be at risk of choking, malnutrition and dehydration had been assessed and supported to ensure they had sufficient amounts of food and drink and were safe. Food and fluids for those people were monitored and recorded when necessary. People were provided with choice about what they wanted to eat and told us the food was of good quality and well balanced. The chef followed a menu that took account of people's preferences, dietary requirements and allergies. The chef kept records of refrigerator and freezer temperatures as well as core cooking temperatures. The chef told us, "I have all the training the staff have in respect of dementia awareness. It helps me to understand people living here especially around their dietary requirements. It's important for me and for the people I cook for to fully understand what they like and dislike".

We observed the lunchtime meal and saw that people received individual support in a discreet and patient manner. Specialised equipment was available to enable people to eat as independently as possible. People who required support to eat received this in a kind and patient way. People told us the food was very good and they always had plenty of food and drinks. One person said, "The food is good, but sometimes I don't always want what they cook so I speak to the chef and he cooks me something different". Another told us, "The food is very nice. I get enough and can have more if I want it" and "I get help with eating". Other comments included, "I get enough to drink and I ask for drinks if I am thirsty". People's relatives were also happy to tell us about the quality of the food. One relative told us, "She likes the food, lovely meals".

People were supported by staff with appropriate skills and experience. Staff told us they had the training they needed to care for people and meet their assessed needs. There was an up to date training and development plan for the staff team which enabled the registered manager to monitor training provision and identify any gaps. This helped ensure that staff kept their knowledge and skills up to date and at the required frequency. Staff shared examples of recent training courses such as safeguarding of people at risk and Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

New staff had undergone an induction which included the standards set out in the Care Certificate. The Care Certificate replaced the Common Induction Standards and National Minimum Training Standards in April 2015. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. Training included for example, moving and handling, infection control, food hygiene, medicines management, dementia awareness, safeguarding of adults at risk and the Mental Capacity Act 2005 (MCA 2005).

There was not a consistent approach to supervision and appraisal. These are processes which offer support, assurances and learning to help staff development. Staff had not received regular one to one supervision, annual appraisal and on-going support from the registered manager regularly over the past 12 months and records demonstrated staff had only recently received supervision in April and June 2016 respectively. The registered manager told us, "I have had conversations with staff informally during that period and never recorded it. We recently identified that we need to ensure we have these conversations more regularly and keep written records. One member of staff said, "We haven't had supervision until recently and I didn't really feel supported however it's been better lately. The registered manager showed us her action plan for addressing this which included time set aside in the future for formal supervision and support to take place.

People had been assessed as to the level of capacity they had to make certain decisions. When necessary the staff, in conjunction with relatives and health and social care professionals, used this information to ensure that decisions were made in people's best interests. For example, one person's medicine was given to them covertly because they did not understand the importance of it and had refused to take it. We reviewed mental capacity assessment and best interest decision meeting notes that included the person, their relatives, the prescribing GP and other health care professionals. The service worked closely with professionals and relatives to ensure that people's rights were upheld.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection two people living at the home were subject to a DoLS. The home had submitted a number of applications to the local authority which had yet to be authorised. The registered manager knew when an application should be made and how to submit one. They were aware of a Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS are part of the Mental Capacity Act 2005 (MCA) legislation which is designed to ensure that any decisions are made in people's best interests. The 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. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported with their healthcare needs, including receiving attention from GPs and routine healthcare checks. A visiting health care professional told us they regularly visited the home and found the registered manager and staff to be very good at calling them in in a timely way. They also told us they had the utmost confidence in the registered manager who had only been in the service for about one year and had seen a change for the better in the way care was delivered.
People's healthcare needs were considered within the care planning process. Assessments had been completed on people's physical health, medical histories and psychological wellbeing. Arrangements were

in place for people's healthcare needs to be monitored through a regular review process. Care records demonstrated people had received visits from health care professionals, such as doctors, chiropodists and opticians.

People's rooms were decorated and furnished according to people's choices. There were items of personal value on display, such as photographs, memorabilia and other possessions that were important to individuals and represented their interests.

Good

Is the service caring?

Our findings

People told us said they liked the staff and described them as "kind", "friendly" and "helpful. People and relatives told us staff were caring and looked after them well. One person said, "The girls [staff] are really kind and sensitive". Another said, "They are very caring here. Nothing is too much trouble and I feel very happy". A relative told us, "Oakland's is very homely. It's not too big and when I come to visit it is like a second home. The staff are so welcoming and even look after me when I'm here. They always make me tea". Another relative told us, "We didn't want X (person) to live in a home. It was a hard decision to make but the best one. They are happy here. The care is very good". Relatives were able to visit the home without restrictions. One person told us their family member was always welcome at the home.

The home used social media as an information access point for relatives. The lifestyle coordinator (activities) told us, "We started to use this about 6 months ago to keep relatives informed of things like daily activities. Most of our residents and family members like this". The provider told us, "We wrote to all the families for their input and feedback and spoke with people to seek their consent to posting for example pictures. Not everyone wanted to do it so we have to be careful that we only upload pictures and stories of people who wanted to be a part of it". One relative told us, "I think it is great. My sisters live in Derbyshire and Yorkshire and can't visit mum that often. Using this they can see mum every day and see what sort of things she has been up to without having to call the home". Another relative told us, "I come in most days to see my wife but I can also download pictures that the home put on the site. Even when I am at home I never feel that my wife and I are actually apart".

People's privacy was promoted and respected. A number of people told us they liked to spend time in their rooms but could choose to sit in the communal areas if they wished. People's bedroom doors were pulled shut unless the person expressed a preference to have the door open. Staff knocked bedroom doors and waited for permission before entering. People told us staff always did this and that they respected their privacy one person saying, "They are very good at respecting my privacy. The never come into my room without asking".

People's care needs, choices and preferences were recorded and written in a person centred way". Information within care plans reflected what was important to the person now, and in the future. Staff were knowledgeable about the people they supported and were able to tell us about people's individual needs, preferences and interests. Their comments corresponded with what we saw in the care plans. Care plans gave detailed descriptions of their individual needs and how support was to be provided. There had been input from families, historical information, and contributions of the staff team who knew them well with the involvement of people themselves. People were supported to maintain relationships with their family and friends. Details of important people in each individual's life were recorded. A relative confirmed they were kept up to date and they were always welcomed in the home when they visited.

People were supported to express their views when they received care and staff gave people information and explanations they needed to make choices. One person told us, "The staff always have time for a chat. They are very patient and will listen to me. I'm treated very well". Staff provided care to people in a kind,

attentive and compassionate way. For example, staff talked people through the care and support they were to offer them before and during the process, offering good explanations and reassurances to people.

Good

Is the service responsive?

Our findings

People and their relatives told us they received a personalised service that was responsive to their needs. Before people came to live at the service their needs were fully assessed. This was achieved through gathering information about the person's background and needs as well as meeting with family and other health and social care professionals to plan the transition appropriately. One relative told us, "Before my relative came to live here they made sure they could look after her. The came to see us and asked lots of questions about them. Yes they were very thorough".

Health care professionals spoken with indicated the service was responsive to the needs of the people living at the home. One told us, "There were some issues a year or so back when the home didn't really seek our support. Back then they were reactive rather than proactive but now they ask for help and support and work with us to get the best approach for the person".

The emphasis of care planning was to maintain people's independence. We saw examples of this working during our inspection. People were encouraged to walk from one part of the home to another no matter how long it took and how much support was needed. Care plans were person centred and focussed on the individual. Where appropriate care plans contained the Alzheimer's Society's 'This is me' document. This is a simple and practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests. It enables health and social care professionals to see the person as an individual and deliver person-centred care that is tailored specifically to the person's needs. It can therefore help to reduce distress for the person living with dementia and their carer.

The provider took account of people's changing needs and their care and support needs were regularly reviewed. This was achieved through monthly care reviews or more frequently where needs had changed. When this happened, people's records were updated appropriately. For example, where a person's mobility needs had changed following a fall we saw that risk assessments had been updated to reflect changes in how to support the person to mobilise safely. Review meetings involved the individual, relatives or other professionals involved in people's care.

Handover records of meetings between staff from one shift to the next were detailed. Staff were required to read the handover notes as well as receiving a verbal handover. Staff acknowledged that they had read and understood the information passed at handover by recording this using the provider's electronic care planning system. This ensured the consistency of care for people was maintained and any new concerns or issues relating to peoples welfare were recorded and passed on.

People were encouraged to join in group activities or do individual things if they chose to. An activities planner was in place detailing group activities planned for each day across the week. For example, naming games, board games, bingo, playing cards, puzzles and singing and dancing. The lifestyle co-ordinator also set aside time for people who did not wish to take part in group activities and offered activities to them on a one to one basis.

The home was in the process of developing an area of the grounds where people could sit in the gardens if the wished. The area included raised beds where people were able to participate in growing flowers and vegetables and also included an area where chickens were kept. At the time of our inspection the area was not safe enough for people to access it without support due to the uneven terrain however the lifestyle co-ordinator would support people do so. One person who used this area frequently had a farming background and as part of their chosen daily routine they would tend to the chickens every morning. The provider told us, "The area is in its infancy but we acknowledge it is not yet a safe haven for people to access without support. We will be addressing this as soon as we can".

The home had recently introduced an electronic reminiscence tool that enables them to build a profile of the person and continually helps staff to learn and understand the person's life history. The information is accessed using a media tablet and includes pictures, music and personal memories and messages from families that can be loaded onto the system remotely. The lifestyle co-ordinator spent time explaining to us how they use this system to engage with people and promote conversation with them about their past. We saw one person using the system. They were viewing and talking about pictures their family had up loaded. The person appeared happy and was engaged in meaningful conversation with the lifestyle coordinator. Comments for example were, "Oh I remember that house. I lived there in 1957 and "That's our first car. We had so much fun in that". People were also able to listen and enjoy music from their past. The lifestyle coordinator told us, "This is still a fairly new innovation but it is fantastic to be able to fully engage with families in this way. It has made such a difference to the people living here in such a short space of time. It is particularly good in helping us engage with people living with dementia".

People and relatives said they would speak to the manager if they needed to complain about anything. One person told us staff chatted with them if they felt unhappy. The complaints procedure was displayed at the main entrance to the home. When speaking with staff, they showed awareness of the complaints process and said they were confident to approach the manager. Records showed there had been no complaints about the service since our last inspection. A relative told us they had raised an issue in the past but this had been dealt with immediately by the registered manager.

Good

Is the service well-led?

Our findings

People, relatives and healthcare professionals told us the home was well-led. One person told us, "She [registered manager] is approachable". A relative told us, "If you had come here a year ago I wouldn't have been able to be as positive or confident as I am today. X [registered manager] has been a 'breath of fresh air'. She really has worked hard to pull the service around. A visiting healthcare professional gave us similar comments.

We received mixed feedback from staff about how well supported they felt by the registered manager. One member of staff said, "I don't feel that I can speak to her. I don't think she is approachable". Another member of staff said, "She can be a bit blunt with staff at times. She isn't like it with residents so I don't see why she should be like it with us (staff)". Other staff comments include, "She works hard", and "I feel she has worked hard to get this home in order" and "I get on well with her, she is firm but fair. We spoke to the provider about this during our visit. They were not aware of any dissatisfaction and felt the registered manager had worked well in the time she has managed the service through some very tough times. The provider told us, "Staff made similar references to the inspection team about the registered manager at the last inspection but despite having had staff meetings since nobody has aired any concerns they feel they may have. I am in the home most days and nobody has spoken to me about anything of this nature".

The home had an 'open door' policy which provided the opportunity for people, staff and relatives to discuss any issues with them at any reasonable time. Discussion with members of staff confirmed that policies and procedures for reporting poor practice, known as 'whistleblowing' were in place. Staff said they would not hesitate to report any concerns about the practice of their colleagues and were confident that these concerns would be acted upon immediately. They also said they would feel comfortable raising concerns with outside agencies such as the Care Quality Commission (CQC), if they felt their concerns had been ignored. Comments from staff included "I would have no hesitation in reporting any concerns to the manager or provider", and "When I have raised any concerns I had the registered manager has dealt with them very quickly".

There were systems in place to review the quality of service in the home. Monthly and weekly audits were carried out to monitor areas such as health and safety, care plans, accidents and incidents, and medication.

Information received from the local authority commissioning team prior to this inspection confirmed that there were no concerns about how the home was being managed. During our inspection we observed people experienced a positive relationship with the management team..

We looked at recent staff meeting minutes for which were clear and focused on people's needs, the day-to-day running of the service and any planned improvements. Staff also understood their right to share any concerns about the care at the service and were confident to report poor practice if they witnessed it using the provider's whistleblowing procedure.

The provider used an annual survey to obtain feedback about how the service was performing and focussed

on the following areas. Nutrition, privacy and dignity, your home and your care. Ninety five per cent of people felt the food was of a good standard, plentiful and well presented, whilst 95% of people agreed that their privacy and dignity were respected by staff. Eighty nine per cent of people felt the home was clean, peaceful and safe, whilst 93% of people agreed that care was delivered to a good standard and met their needs.

Incidents and accidents were reviewed to identify trends. Any outcomes were included in an action plan and reviewed regularly or if things changed. The service had notified us of any incidents that were required by law, such as the deaths, accidents or injuries. We were able to see, from people's records that actions were taken to learn from incidents. For example, when accidents had occurred the registered manager had reviewed risk assessments to reduce the risks of these happening again.