

Knightingale Care Limited

Oaklands Care Home

Inspection report

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Tel: 01623744412

Date of inspection visit:
12 September 2017

Date of publication:
25 October 2017

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

We inspected Oaklands Care Home on 12 September 2017. This was an unannounced inspection. The service is registered to provide nursing and personal care for up to 40 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 34 people living at the service.

At our last inspection on 21 June 2016, there was no registered manager in post and the service was found to require improvement relating to staffing levels and how people were consulted regarding their choices and preferences. At this inspection we found the necessary improvements had been made.

A registered manager was in post and present on the day of the inspection. 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.

There were policies and procedures in place to assist staff on how keep people safe. There were sufficient staff on duty to meet people's needs; staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

People received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had

received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

The service was clean, well maintained and readily accessible throughout. There were quality assurance audits and a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments.

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.

Improved staffing levels were sufficient to ensure people received a safe level of care. Medicines were stored and administered safely and accurate records were maintained. People were protected by thorough recruitment practices, which helped ensure their safety. Concerns and risks were identified and acted upon.

Is the service effective?

Good ●

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. People were able to access external health and social care services, as required.

Is the service caring?

Good ●

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect. People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Staff had a good understanding of people's identified care and support needs. Individual care and support needs were regularly assessed and monitored, to ensure that any changes were

accurately reflected in the care and treatment people received. A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Is the service well-led?

The service was well led.

Staff said they felt supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles. There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect. People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

Good ●

Oaklands Care 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 was planned to check whether the provider was 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.

The inspection took place on 12 September 2017 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. They had experience of a range of care services for older people and people living with dementia.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service.

We spoke with six people who lived in the home, one relative, a social worker linked to the service and two health care professionals. We also spoke with the activities co-ordinator, the maintenance man, one domestic staff, four care staff, one nurse and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Is the service safe?

Our findings

During our previous inspection on 21 June 2016 we found there were insufficient staff deployed on the ground floor to keep people safe. We asked the provider to tell us what action they would take to address this issue. During this inspection we found staffing levels had increased to reflect the assessed dependency levels of people who used the service.

People we spoke with told us they felt very comfortable at Oaklands Care Home and said they thought there were enough staff to meet their needs and keep them safe. Throughout our inspection we saw there were sufficient staff on duty in the communal areas and people did not have to wait for any help or support they required. People and relatives also told us call bells were usually answered in a timely manner and we saw people in their rooms all had a call bell within reach. This was supported by comments from people and their relatives we spoke with. One person told us, "I feel safe here and I can walk about and go where I like. If I need to use the call button they [staff] are there straightaway." Another person said, "Because of my health issues I need help in the night. There are enough staff as they come very soon after I use my call bell."

Throughout the inspection we observed positive and friendly interactions. People were comfortable and relaxed with staff, happily asking for help, as required. We spoke with the registered manager who confirmed that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They said staffing levels were also reassessed whenever an individual's condition or care and support needs changed, to ensure people's safety and welfare were met by sufficient numbers of staff.

Relatives we spoke with said they felt confident their family members were safe and had no concerns regarding their welfare. One relative told us, "There are enough staff to help and calm [family member] when she gets anxious." They went on to say, "I know [family member] is safe and I'm confident there are enough staff around if she got up and tried to walk unaided."

People were cared for in a clean and hygienic environment. The 'infection champion' supported staff with best practice and ensured there were measures in place to minimise the risks of cross infection. There were regular checks in place on cleanliness, use of personal protective equipment such as aprons and gloves and infection control audits. Housekeeping staff had suitable cleaning materials and equipment and followed a daily cleaning routine, which included all flats, bathrooms and communal areas. The most recent environmental health visit to the kitchen had awarded the service the top rating of five stars. We saw the premises were clean and tidy with no obvious hazards. Two people in particular walked up and down the corridors and we saw they made use of the handrails. We also observed staff regularly stop to talk to them. They asked if they were okay, usually putting their arm around them for reassurance. The people smiled and responded positively to this friendly interaction.

Staff we spoke with said they understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff had completed training in safeguarding adults and received regular update training. This was supported by training records we were shown. Staff also told

us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. We saw where safeguarding referrals were required they had been made appropriately and in a timely manner.

People received their medicines safely and on time. Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge. Medicines administered were well documented in people's Medicine Administration Records (MAR). People we spoke with were satisfied and confident their medicines were managed safely. One person told us, "They (Staff) give me my tablets when I need them and there's never any problem." We spoke with a nurse regarding the policies and procedures for the safe storage, administration and disposal of medicines. They said the safety and welfare of people using the service was their priority and confirmed everyone with responsibility for managing medicines had received the necessary training and their competency was regularly assessed. This was supported by training records we were shown and meant medicines were stored, handled and administered safely.

The provider operated safe and thorough recruitment procedures. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

There were arrangements in place to deal with emergencies. Contingency plans were in place in the event of an unforeseen emergency, such as a fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced, as required.

People were protected from avoidable harm as potential risks, such as falls, had been identified and assessed, to help ensure they were appropriately managed. In care plans we looked at, we saw personal and environmental risk assessments were in place. People told us they had been directly involved in the assessment process and we saw this was recorded in individual care plans. We saw sensor mats were used in the rooms of people who had been assessed as being at risk of falls.

The registered manager told us they monitored incidents and accidents to identify any themes or patterns which may indicate a change in people's needs, circumstances or medical condition. They said this helped reduce the potential risk of such accidents or incidents happening again and we saw documentary evidence to support this. This demonstrated a culture of learning lessons and a commitment to ensure the safety and welfare of people who used the service.

Is the service effective?

Our findings

People and their relatives thought staff had the necessary skills and knowledge to effectively meet their individual care and support needs. People and their relatives spoke positively about the service and told us they had no concerns about the care and support provided. People said they felt staff knew them well, they were aware of individual needs and understood the best ways to help and support them. One person told us, "The staff here know what they're doing." Another person said, "They [Staff] understand what I need."

A relative spoke very positively about the skill and knowledge of the staff and described the impact on their family member since they moved to Oaklands. They told us, "There has been a tremendous improvement in my [family member;] from someone who just sat in a chair and now has always got a smile on her face and tries to make conversation." They went on to say, "They [Staff] know what [family member] needs now which is really more important than them knowing who she was." This demonstrated people received support from staff who knew them well and had the necessary knowledge and skills to meet their identified care and support needs

The registered manager ensured the care and support needs of people were met by competent staff who were sufficiently trained and experienced to meet their needs effectively. We saw training records that staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. This was supported by staff we spoke with and through training records we saw. One member of staff told us, "The training has been very helpful and has given me the confidence to do what I do." Another member of staff said, "We have loads of training here but I prefer to be in the classroom, where you can ask questions, rather than the online training, where it's easy to lose concentration."

One of the nurses we spoke with described the skill mix within the team and the benefit this provided for people who used the service. They told us, "It's a good combination of skills, knowledge and experience here with a mix of mental health and general nurses. I'm very much into team working and we all work very well together, so people's physical and mental health needs can be recognised and met."

Staff also told us they felt well supported in their roles both by colleagues and the registered manager, who they described as, "Approachable and very supportive." They also confirmed they received regular supervision (confidential one to one meetings with their line manager) which gave them the opportunity to discuss any concerns or issues they had, identify any specific training they needed and to gain feedback about their own performance. This demonstrated the care and support needs of people were met by competent staff, with the relevant skills, knowledge and experience.

We saw people were supported to maintain good health and the registered manager told us a GP from the local surgery attended the home whenever needed. This was supported by records we saw and confirmed by people and relatives we spoke with. One person told us, "I can see the doctor whenever I need to, there's never any problem. This demonstrated people had appropriate access to relevant healthcare services, as

required.

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 so that they can 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). The registered manager confirmed there was currently ten DoLS authorisation in place and we saw the necessary conditions were being met.

We checked whether the service was working within the principles of the MCA. Staff had knowledge and understanding of the MCA and had received training in this area. People were given choices in the way they wanted to be cared for. People's capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks. One person told us, "They [Staff] always knock on my door and say what they are going to do and ask me if it's all right."

If people did not have the capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the MCA. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. We saw the appropriate documentation, including best interest meetings, was in place to support this.

We observed lunchtime in the main dining area, which was a relaxed and sociable occasion and people received food and drink to meet their needs. As people sat down they were asked by staff if they wanted a cover to protect their clothes. We also saw people were offered a selection of drinks before and during the meal. One person told us, "They [Staff] all know what drinks everyone has and how they like it." During the meal we observed staff provided discreet support with eating to people, as necessary. People spoke positively about the standard of the meals they received and the choice of food available. One person told us, "The food's very nice here." Another person said, "The food is good, there's always plenty of it and it's nice to get a choice, so if I don't like it they will do something else." Where people had specific dietary needs these were identified in their care plans. This demonstrated that people were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet.

Is the service caring?

Our findings

People and their relatives spoke positively regarding the caring environment and the kind and compassionate nature of the registered manager and staff. One person described the staff as, "Very caring." Another person said, "It's alright here, the staff are very kind to us." A relative told us, "I've been nearby when they [staff] give personal care and heard them help [family member] in a way that works with kindness." During our inspection we observed many examples of the caring and considerate approach of members of staff, including putting a reassuring arm around a person when they spoke with them and crouching down to their level to help maintain eye contact. For example, one person asked for their glasses from their room. The care staff who brought them from their room stroked the person's hair, who then said, "Oh that's nice." The staff member then gave them a short gentle shoulder massage and kissed the top of their head saying; "You're a proper charmer." We saw the person had a broad smile on their face.

During our inspection we saw some good examples of kindness and thoughtful care and support provided. We saw staff sit down and spend time engaging with people in friendly and good-natured conversation. We also observed situations where positive, friendly or encouraging comments by staff visibly lifted a person's mood. For example during breakfast, a member of staff gently held the hand of a person who had returned from hospital the previous night. They said, "We did miss you and we missed your singing; you have the voice of an angel." The person replied – with a big smile - "Oh that's nice." A relative we spoke with told us, "The atmosphere here is very good and the staff are just so caring. They give their energy to the residents." This demonstrated positive caring relationships between people and the staff who supported them.

People told us they were encouraged to be as independent as they wanted to be and to ask for support if required. A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living and these choices were respected. Communication between staff and the people they supported was sensitive and respectful. We observed staff involved and supported people in making decisions about their personal care and saw people were gently encouraged to make choices and express their views.

Individual care plans we saw contained details regarding people's personal history, their likes and dislikes. The information and guidance enabled staff to meet people's care and support needs in a structured and consistent manner. Although most people we spoke with were not familiar with their care plan, relatives told us they felt involved in the care of their relative and were kept well informed. Relatives confirmed that, where appropriate, they were involved in their family member's care planning and had the opportunity to attend care plan reviews.

People had their dignity promoted because the registered manager and staff demonstrated a strong commitment to providing respectful, compassionate care. People told us that staff respected their privacy and dignity. One person told us, "They [staff] will always knock before they come in." The registered manager told us people were treated as individuals and supported, encouraged and enabled to be as independent as they wanted to be. They also confirmed there were four appointed 'Dignity Champions' at the service, with special responsibility for promoting and helping to ensure people were treated with dignity

and respect. These were the two activity co-ordinators, a member of care staff and the registered manager. During our inspection we observed staff were sensitive and respectful in their dealings with people. They knocked on bedroom and bathroom doors to check if they could enter and obtained consent before providing personal care. This demonstrated people were treated respectfully and their privacy and dignity was maintained.

Is the service responsive?

Our findings

People and relatives gave us very positive feedback about how Oaklands Care Home staff met people's needs. People received personalised care from staff who were aware of and responsive to their individual care and support needs. Before moving to the service, a comprehensive assessment was carried out to establish people's individual care and support needs to help ensure any such needs could be met in a structured and consistent manner. One person told us, "They [Staff] know just what I like and if I choose a bath, they make sure I have lots of bubbles and time to enjoy it." A relative told us, "[Family member] can get a bit ratty if she doesn't want a shower; they [staff] will coax her, there is no force, no bullying. If she won't, they try later. They understand what she needs now, as she is now." Another relative said, "Since being here [Family member] has gone from someone who just sat in a chair and now they've always got a smile and try to make conversation."

We spoke with members of staff about meeting people's needs and how they responded to their individual choices and preferences. One told us, "We always make sure we give people choices about what they like, including what they wear, what they want to eat and how they choose to spend their day." Another staff member said, "We give residents what they want – and not what we think they might want."

We spoke with the two activities coordinators and observed them working and engaging enthusiastically with people, both in groups and individually. In one activity we saw the concentration on people's faces as they worked to keep a brush dipped in water inside lines on a colour revealing picture. One person told us, "Yes I like doing this, it's relaxing. I also love to go to the outside area, where we get together, it's lovely there." We observed people were supported to go outside in to the garden and saw there were raised beds, which had been made to enable people to plant and grow flowers and vegetables. We also saw the shed had been painted to resemble a bus. We saw the activity staff had made individual scrapbooks of pictures of people enjoying various activities. One activity co-ordinator told us, "You can tell families what their loved one has done but if they can actually see something like this it really shows them what they can achieve." The scrapbooks we saw incorporated photographs of people with animals, including some exotic ones like bearded chameleons. One person told us, "I've held a snake."

One of the Activity co-ordinators demonstrated to us a range of sensory aids, including visual, musical and some with specific smells, which they explained could be used, "one on one or in groups." They confirmed they and their colleague had received specialist training around the specific needs, activities and forms of stimulation for people living with dementia. They told us they had raised funds through a summer fair and the provider was matching the amount to create a sensory room. They also said staff were currently doing some of the physical work to prepare the room. This demonstrated that people received responsive, personalised care and support, which reflected their individual interests and preferences.

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and consistently to meet those needs. Each care plan we looked at had been developed from the assessment of the person's identified needs. This demonstrated the service was responsive to people's individual care and support needs.

Care plans we looked at were personalised to reflect people's wishes, preferences, goals and what was important to them. We saw Individual care plans contained details regarding people's health needs, their likes and dislikes and their individual preferences. Care records were reviewed regularly to ensure they accurately reflected people's current and changing needs and choices and we saw people were directly involved in this process. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. This helped ensure that people's care and support needs were met in a structured and consistent manner, in accordance with their identified choices and preferences.

A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day. Throughout our inspection visit we observed friendly, good natured conversations between people and individual members of staff. We saw staff had time to support and engage with people in a friendly, calm and unhurried manner.

People using the service and relatives we spoke with told us they knew what to do if they had any concerns. They also felt confident they would be listened to and their concerns taken seriously and acted upon. No-one we spoke with could recall having had the need to raise a complaint and said any minor issues had been quickly resolved. One person told us, "Oh the carers would soon sort any problems out but I know the manager – and she would as well."

The provider had systems in place for handling and managing complaints. The complaints records we looked at confirmed that these were investigated and responded to appropriately. Staff we spoke with were aware of the complaints procedure and knew how to respond appropriately to any concerns received.

Records we looked at showed that comments, compliments and complaints were monitored and acted upon. Complaints were handled and responded to appropriately and any changes and learning implemented and recorded. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The registered manager showed us the complaints procedure and told us they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant. This demonstrated the service was responsive and sensitive to people's needs.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager, who they described as both visible and approachable and said they liked the way the service was run. One relative told us, "The atmosphere in the home is good and if the staff ever have any moans they keep it to themselves and don't let it affect the care of the residents." Another relative said, "They all know me here and I know the staff and the manager. I think it's well led."

Staff we spoke with all said they felt valued and supported by the registered manager. One member of staff told us, "The manager is always helpful, understanding and very supportive. Her door is always open and she is very approachable and always makes me feel welcome." Another member of staff said, "She's brilliant. It's a good place and I'd be happy for a relative of mine to live here." Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service, and said they would have no hesitation in reporting any concerns.

The registered manager emphasised the importance of an open and inclusive culture and ensured, wherever practicable, staff were directly involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw staff had designated duties to fulfil such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, regarding any significant events or incidents, in a timely manner, as they are legally required to do. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also confirmed they took part in reviews and best interest meetings with the local authority and health care professionals, as necessary. They told us the service maintained effective links with health and social care agencies and worked in partnership with professionals from those agencies. They said this provided continuity of care and helped to ensure people received the appropriate care and support they required.

Arrangements were in place to formally assess, review and monitor the quality of care. These included regular audits of the environment, health and safety, medicines management and care records. We saw these checks had helped the registered manager to focus on aspects of the service and drive through improvements following our last inspection. For example, the quality of care was being checked with people, care records were being developed and staff practices were improving to enhance their knowledge around the subject of dementia care. This demonstrated a commitment by the registered manager to develop and enhance the performances of staff and systems, to help drive improvements in service provision.