

Parkcare Homes (No.2) Limited

Oaklands

Inspection report

87 Burton Road
Derby
Derbyshire
DE1 1TJ

Tel: 01332242770

Website: www.craegmoor.co.uk

Date of inspection visit:
24 July 2019

Date of publication:
24 October 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Oaklands is a residential care home, registered to support eight people in an adapted building over two floors. It provides personal care and accommodation for people with mental health needs. On the day of our visit eight people were using the service.

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

Medicine systems and processes were not fully effective to ensure people received their medicines as prescribed. For example, there was no clear audit trail, regarding who had made changes to a person's medicines. Risks to people's safety had been assessed. However, we found the registered manager did not have access to one person's risk assessment, as it had not been saved in accordance to the providers policy.

Some areas of the home environment required attention. For example, the kitchen tiles were greasy, as they had not been accessible by staff.

Staff told us they had received training in a range of areas to support them in their roles. Recruitment procedures ensured prospective staff were suitable to care for people receiving personal care in their own homes. Staff were aware of how to reduce the risk of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they felt safe at Oaklands. Staff understood their responsibility to safeguard people from harm and knew how to report concerns.

Care records provided information in relation to people's backgrounds, interests and the support they required.

People were supported to maintain relationships with people important to them. Staff were caring in their approach and had good relationships with people. Staff treated people with respect and their dignity and privacy was respected.

Promoting independence was a part of the ethos of the service and people were supported by staff to maintain their independence.

People were supported to maintain their health and well-being and had access to healthcare professionals such as GP's when required. People were supported to eat and drink enough to maintain a balanced diet. Refreshments were available to people throughout the day

People and their representatives were involved in their care to enable them to receive support in their preferred way. People were supported to take part in activities and were supported to access local community facilities to enhance their well-being.

The provider's complaints policy and procedure was accessible to people who used the service and their representatives. People knew how to make a complaint.

Systems were in place monitor the quality of the service to enable the registered manager to drive improvement. Lessons were learnt when things went wrong. Relatives and staff felt they could approach the registered manager if they had any concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 28 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Oaklands

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one Inspector and a specialist advisor, who had a background in mental health.

Service and service type

Oaklands is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with three members of staff including the registered manager and two support workers.

We reviewed a range of records. This included three people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data. We emailed one professional who worked with a person who was placed at Oaklands, for their views on the service provided.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Medicines management was not fully effective. We saw a hand-written medication administration record (MAR) had not been signed by two staff, to ensure it was accurate. The registered manager told us they would take immediate action to address this.
- One person told us they had not received a medication which made them feel unwell. We looked at this person's MAR's and found clear records were not always in place to show when medicine changes had been made by the doctor. Following the inspection visit the registered manager confirmed discussions had taken place with all staff regarding the importance of maintaining accurate records.
- There were protocols to instruct staff about medicines people were prescribed only to be taken 'as required.' This provided staff with clear guidance on when these medicines were to be given.
- Systems were in place to ensure medicines were stored and disposed of appropriately. Staff who administered medicines were trained to ensure they had the required skills and knowledge.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and plans were in place to mitigate the risk identified. Assessments were detailed and reflective of current risks to people and were person-centred. They addressed people's individual needs such as accessing the community independently.
- We found one person had a history of significant risks, however there was no risk assessment on their file confirming what measures were in place to minimise the risks. We discussed this with the registered manager who confirmed the risk assessment was being completed by a staff member who was not at work, which they were unable to access during the inspection site visit. This did not provide assurance staff had the relevant guidance on how to keep this person and others safe. Following the inspection site visit a copy of this risk assessment was received from the registered manager. The registered manager confirmed all staff were reminded of the providers policy around storing information correctly.
- Individual evacuation plans were in place in an event they had to leave the premises during an emergency.

Preventing and controlling infection

- The premises were clean and tidy. However, we did identify some areas which required attention. For example, the sealant around the shower tray was not fully sealed and the kitchen tiles were greasy. We discussed this with the registered manager who stated the support workers could not reach high level cleaning areas due to health and safety. The registered manager confirmed a maintenance person had been recruited and would address these issues.
- Staff had access to personal protective equipment (PPE) such as aprons and gloves.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes to safeguard people from the risk of abuse. All the people we spoke with told us they felt safe living at Oaklands. One person stated, "I feel safe here." Peoples safety was promoted through 'residents' meetings. For example, scenario's around safeguarding were discussed so that people knew what action to take if they had concerns. Records we looked at confirmed this.
- Staff understood their responsibilities to report concerns and said they would immediately report any concerns to management. Records showed staff had received training in safeguarding.
- The registered manager understood their responsibilities to protect people from the risk of abuse and reporting concerns of abuse to the local authority safeguarding team and CQC.

Staffing and recruitment

- The provider monitored staffing levels to ensure people received safe support. People and staff told us there were sufficient staff available. One person said, "There are enough staff."
- The provider's recruitment processes minimised the risk of unsuitable staff being employed. Appropriate pre-employment checks were carried out before new staff commenced employment. This included DBS checks and proof of identification. People using the service were involved in the recruitment of staff.

Learning lessons when things go wrong

- The provider analysed accidents and incidents. This was to enable them to look for any patterns or trends and ensure action was taken as needed to minimise risk of further incidents.
- Where improvements were required the registered manager identified this and took appropriate action. For example, the registered manager introduced a stool monitoring tool which people were encouraged to use if they had any concerns with their bowel movements. The registered manager explained this would ensure medical support was sought if any concerns were identified.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed to ensure their needs could be met at Oaklands before they moved in.
- Care was planned in line with people's individual assessments, containing information on people's health and social care needs. As well as their preferences. Care plans were reviewed regularly or when needs changed.
- Staff had access to national and local guidance to ensure care was delivered in line with best practice. For example, staff supported people to attend health care reviews.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and knowledge to meet their needs. Staff confirmed they had been provided with training which was relevant to their roles and had completed an induction programme.
- Staff were provided with regular supervision and told us they felt supported by this.

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

- People were supported to have a healthy balanced diet to maintain good health. For example, one person told us they had been eating healthy and were pleased with their weight loss.
- Staff were aware of any specialist diets people required.
- People were supported with their dietary preferences in line of their beliefs. One person told us they purchased 'halal' meat from a local shop.

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

- People were supported with their healthcare needs. They had access to a range of health care professionals which included the GP, community nurses, and dentist.
- Staff supported people to attend external healthcare appointments if required. A person said, "Staff came with me to see the Psychiatrist, I appreciated them coming with me. I am more independent when going to the doctors or the dentist."
- People's support plans included detailed information about their health needs.
- Staff confirmed if they had any concerns around people's health they were referred to the appropriate health professional as required. Staff were aware of the action to take in an event of an incident or emergency.

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

- The communal areas were clean and homely, which we observed people using.
- People were able to move around the home freely. Private space was available for people to receive visitors.
- People's rooms were personalised and decorated to their taste.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- At the time of this inspection site visit, no one was subject to a DoLS authorisation.
- The service was working within the principles of the MCA. People who used the service had capacity to make their own choices and decisions.
- Staff received training in the principles of the MCA and DoLS and understood the importance to applying these in day to day care and support.
- Staff were aware of seeking people's consent before providing support and care.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were motivated and passionate about ensuring people were treated with respect. Comments from people included, "The staff are great" and "They [staff] are friendly and cheerful."
- We observed positive interactions between people and staff throughout the day. Staff were kind, caring and tactile. For example, staff provided reassurance to a person when they became distressed. This was done in a respectful manner.
- Staff communicated effectively with people and used different ways of enhancing communication to help them understand people's needs. Staff were observed when communicating with people who were seated to get down to eye level.

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

- People were involved in decisions about the care and support they received through the involvement of care planning and reviews. A person said, "I am involved in making decisions about my care and the staff listen"
- People were able to use advocacy services with information available about advocacy service. This is an independent service which is about enabling people to speak up and make their own, informed, independent choices about decisions that affect their lives. One person had been receiving support from an advocate.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of ensuring people's personal dignity and independence. We saw staff were discreet when a person required support with personal care.
- People's independence was promoted. For example, we saw people were able to access the local community independently, attend health care appointments. People developed daily living skills such as completing laundry, cleaning and food preparation.
- Staff and people in the house called each other by their first or preferred names, this provided a relaxed and informal atmosphere.
- Records were stored securely in the office and were only accessible to authorised staff. Staff were aware of the importance of maintaining confidentiality.

Is the service responsive?

Our findings

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

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

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

- People's care was personalised and based on people's needs and preferences. People were supported by staff to identify and achieve their goals and aspirations. For example, one person told us they were working towards gaining skills to enable them to move into their own flat. This included cooking and managing their own finances.
- Care records were person centred, for example, provided information on people's interests.
- People were involved in setting up their care plan and these had been signed by them.

Meeting people's communication needs

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

- The service complied with the AIS. Information was made available to people in the format that met their needs, this included easy read style.
- People's care plans contained information about their communication needs. Staff were aware of people's individual communication needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People received support they needed to develop and maintain relationships. People told us they were able to maintain relationships with people who were important to them. One person talked fondly about keeping touch with their family members and enjoyed spending time with them.
- People told us they were able to follow their own interests. People went out into the local community, which included shopping and going out for birthday celebrations. One person carried out voluntary work.
- People were able to follow their cultural and religious needs. For example, one person told us they looked forward to celebrating 'Eid' and went to local shops to purchase foods in accordance to their beliefs.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise any concerns or complaints they had and felt able to speak to the registered manager.
- The provider had a complaints policy and information on how to make a complaint was displayed in the home.
- The provider had not received any complaints in the previous 12 months. There were systems in place to

record, investigate and respond to complaints.

End of life care and support

- At the time of our inspection people who were living at Oaklands were young adults and were not receiving end of life care.
- The registered manager told us if a person's situation changed, they would assess to see they were able to continue supporting the person. They would seek support from other professionals such as specialist nurses.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager notified CQC of significant events and incidents and were aware of their legal responsibility to be open and transparent in line with their duty of candour responsibility.
- The provider had displayed their rating in the home and their website, which was a legal requirement.
- Observations showed the shift was well organised, staff were going about their duties and were clear about what they were required to do.

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

- The registered manager supported staff to provide person centred support which achieved good outcomes for people.
- People and staff were positive about the registered manager. One person said, "The manager and staff have helped me turn my life around." A member of staff told us, "The registered manager is really good very caring towards the residents."
- Staff were kept up to date with any changes, through meetings and supervisions.
- The provider had quality assurance systems in place. Quality audits were in place which enabled the management team to monitor the service and drive improvements as required. Where improvements were identified actions were put in place to address to these.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were involved in sharing their views on the service provided. There were regular meetings that enabled people to have input into service improvements, as well as satisfaction surveys.
- Staff were confident to share their opinions, ideas and felt listened to. For example, one staff member told us they had made suggestions about a 'Jamaican' food party, which was arranged and enjoyed by the people at the service.
- People had developed links with the local community and used social amenities in the local area, which enabled people's needs to be met and were part of the community. This included attending a local gym and walking club.
- The service worked in partnership with other agencies by providing placements to health and social care students from a local university and students who delivered craft workshops to people at the service.

- The registered manager worked closely with health and social care professionals ensuring people had the support they required, which included working with community nurses. A professional stated they had been happy with the care and support a person using the service had received from staff at Oaklands.