Marlacourt Limited

Oaklands Rest Home

Inspection report

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Ratings

Overall rating for this service	**Requires Improvement**
Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Overall summary

Oakland's Care Home is registered to provide accommodation and support for 29 older people some of whom may be living with dementia. On the day of our visit 13 people were living at the home. The home is located in a rural area one mile from the town of Hythe. There is no public transport nearby. The home has two large living rooms, a dining room, an open lounge area on the first floor and a kitchen. People's private bedrooms are on both the ground and first floors. There is a passenger lift to the first floor. Due to some people's complex health needs we were not able to verbally seek people's views on the care and support of some of the people living at the home.

The local authority had advised us of concerns they had in relation to the safety and welfare of people living at the home.

We undertook an unannounced inspection of Oaklands on16 December 2014 and the 5 and 6 January 2015.

Summary of findings

The service did not have a registered manager in post at the time of our 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.

Activities were advertised on the notice board and around the home however people told us they "didn't often happen". During two of the days we visited the home we did not see people were engaged in meaningful and stimulating activities and only saw one activity taking place.

Some staff told us they did not feel supported by the manager. One member of staff said, "I would like to see the manager on the floor with a more "Hands on approach and leading by example". Another member of staff said, "It's got better since the office was moved from upstairs to downstairs but it could still be better".

Staff spoke with people in a friendly and respectful manner. The service had a personalised culture Staff told us they were encouraged to "get to know the people" by spending time with them to "get to know the real person".

Staff could raise any concerns about possible abuse. One member of staff said, "Everyone works hard to ensure we keep people safe". Staff understood the needs of the people and care was provided with kindness and compassion. People were dressed in appropriate clothing and were clean and tidy, as was the home.

People were treated with respect and care was based on people's preferences and aimed at supporting people to be as independent as possible. People appeared to be relaxed and their expressions indicated they were settled and happy. Staff were appropriately trained and skilled and provided care in a safe environment. They all received a thorough induction when they started work at the home and fully understood their roles and responsibilities. Staff also completed training to ensure the care delivered to people was safe and effective.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People's freedoms were not unlawfully restricted and staff were knowledgeable about when a DoLS application should be made.

Referrals to health care professionals were made quickly when people became unwell. One health care professional told us the staff were responsive to people's changing health needs and that referrals to them were made in a pro-active manner. A GP told us they had no concerns regarding the safety, welfare and how care was provided at the home.

People had their needs assessed and plans of care were in place. These were personalised and took account of each person's individual wishes and preferences. Risks to people were identified and plans were in place to make sure people were kept safe whilst ensuring their rights were promoted.

There were recruitment procedures in place. Staff were supported and trained to ensure they were able to provide care at the required standard to ensure people's needs were met.

Systems were in place to monitor and check the quality of care and to make sure the environment was safe and well maintained.

Regular staff meetings were held and we saw that, where required, actions resulting from these were assigned to named staff to follow up. The manager used team meetings to provide staff with feedback from within the organisation which helped them to be clear about the aims and objectives within the service both locally and at provider level.

We have made a recommendation about how the provider can reduce the risk of social isolation. You will find this in the responsive section of this report.

Summary of findings

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 received their medicines when they needed them. Medicines were stored and disposed of safely.

Staff were aware of their responsibilities to keep people safe and were confident to use relevant policies and procedures to raise any concerns.

There were sufficient numbers of staff employed to ensure that the needs of the people who lived at the home could be met. Staff were recruited following policies and procedures that ensured only those considered suitable to work with vulnerable people were employed.

Is the service effective?

Good

The service was effective. Staff received relevant training to support them to deliver care effectively.

People had access to relevant health care professionals and received appropriate assessments and interventions to maintain their health. Staff had good relationships with professionals and called them for advice or to see a person when necessary.

The staff and management of the service were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were supported to make sure they had enough to eat and drink.

Is the service caring?

Good

The service was caring. We saw positive, caring relationships between staff and people using the service.

People and their relatives and representatives were involved with the service and their views and opinions regularly sought and acted upon.

People were treated with dignity and respect. Staff were aware of the importance of promoting and maintaining people's privacy.

Is the service responsive?

Requires Improvement

The service was not always responsive. Activities did not take place regularly and people were at risk of social isolation and contact.

People knew how to complain and information was available around the service to support this. The manager had a system in place to respond promptly to any complaints received.

Staff communicated with professionals to make sure people's health care needs were properly addressed and regularly reviewed.

Summary of findings

Is the service well-led?

The service was not well-led. The home had not had a registered manager in post since June 2014.

Staff told us the manager spent time in the office when on duty and did not always know what was happening in the home.

There was a positive and open culture within the home where feedback was actively sought and responded to. Staff and people using the service said they felt listened to.

Requires Improvement

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 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 16 December 2014 and was unannounced. We also returned unannounced on 5 and 6 January 2015 in order to gather additional information. The inspection was undertaken by three inspectors 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, in this case of people living with dementia.

We had received concerns from the local safeguarding authority and from a relative of a person living at the home. Before the inspection we reviewed all the information we held about the service including statutory notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send to us by law. We used this information to help us decide which areas to focus on during the inspection.

During our visit we spoke with the provider, the manager, five care staff, the chef and 10 people living at the home. Following our inspection we spoke with a visiting GP and a visiting optician to obtain their views on the home and the quality of care people received.

We reviewed four care plans for, staff duty rosters and six recruitment files. We observed interaction between the people living at the home and care staff. Some people were unable to tell us about their experiences due to complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

We last inspected the home on 4 August 2014 where no concerns were identified.

Good

Is the service safe?

Our findings

One person told us, "I have no worries living here. The staff are friendly. They always have time for a chat". Another person told us, "I do feel safe here. I feel at home". Two relatives told us they felt people who lived at the home were safe and they had no concerns about the way their family members were treated. They told us, "I have no worries about how my relative is cared for. I trust the staff" and "I feel people are safe", and "Yes the building is old and tired and could do with brightening up but the care is good and that is the most important thing".

Staff understood the policies and procedures relating to safeguarding and whistleblowing and their responsibilities to ensure people were protected from abuse. Staff were clear what to do if they suspected a person was at risk of harm. One staff member told us that safeguarding was, "Very important" and "Would have no problems with reporting concerns if the needed to". We checked the records of staff training and saw training in safeguarding was up to date. We found 94% of staff had completed this training within the last twelve months and those requiring refresher training were clearly identified. When we talked with staff they confirmed that they had received this training and new staff told us that it was included in their induction.

Staff knew how to raise concerns about the provider. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All staff said they would feel confident raising any concerns with the acting manager. They also said they would feel comfortable raising concerns with outside agencies such as CQC if they felt their concerns had not been acted upon.

Care plans contained risk assessments relating to key areas of care relevant to each person. These had been reviewed and updated regularly and staff were aware of current risks for people who lived in the home and the action they should take to manage them. For example, in one person's care plan it was noted that they were at risk of falling if they tried to mobilise independently. The care plan indicated that the person should be sat on a pressure sensor cushion during the day that would alert staff through an audible alarm if the person tried to mobilise independently.

Throughout the day we observed staff supporting the person to various parts of the home and explain each time the need to use the sensor pressure cushion in a caring and sensitive way.

We looked at staff rosters for the previous four weeks and these showed staffing to be sufficient to meet people's needs and keep them safe. Between 8am and 2pm people living at the home were supported by a senior care worker (team leader) and three care workers and between 2pm and 8pm one senior care worker and two care workers. During the day the home was supported by the manager, an administration assistant, cook and two domestic staff. At night the home was staffed with one senior care worker and one care worker. The manager told us staffing levels currently met the needs of the people however staffing levels could be increased as people's needs change. Staff and people using the service told us that they felt that there were enough staff to make sure that people were supported in a safe manner. One relative told us, "There always seems enough staff when I visit whether its morning or afternoon. The owner must have a twin because he is always here".

Call bells were answered in a timely manner. We looked at the call bell audits between 2 and 16 December 2014. We noted that 96% of call bells were answered in less than five minutes. People and relatives told us staff always responded quickly whenever people pressed their call bells and people never waited more than a couple of minutes for help or assistance. For example People told us staff were very quick in helping them to the bathroom. This showed that there were sufficient staff numbers to meet people's needs.

There was an effective and safe recruitment and selection process in place. Staff recruitment files showed pre-employment checks had been obtained before they started employment. These included two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a check on individuals who intend to work with children and adults. This helps employers make safer recruitment decisions. We also saw face to face interviews had taken place and interview notes had been made to assess potential staffs' suitability.

The service had a medicine management policy which outlined how medicines should be safely managed. We

Good

Is the service safe?

observed a senior care worker administering medicines at lunchtime. They followed the correct procedures and recorded medicines after they had been given. One person said, “I get my medicine at the same time every day. I can set my clock by them”. Most medicines were supplied to the home by the pharmacy in a monitored dosage system. This meant that medicines were pre-packed by a pharmacist into the correct doses for each time of day and supplied in a sealed tray. This reduced the risk of too much medicine being taken or of medicine being taken at the wrong time. We saw a record of administration was completed in each instance on the medicines administration record (MAR).

We checked the arrangements for the storage and administration of controlled drugs and found this was satisfactory. Medicines that were required to be kept cool were stored in an appropriate refrigerator and temperatures were monitored and recorded daily. Regular checks and audits had been carried out by the manager to make sure that medicines were given and recorded correctly.

Equipment used to support people with their mobility needs, including hoists, had been serviced to ensure that the equipment was fit for purpose and safe to use. The provider’s emergency procedure provided guidance to staff on what actions they should take to keep people safe if an emergency arose. For example, fire, gas leak or if the service needed to be evacuated.

Good

Is the service effective?

Our findings

People and relatives told us staff were supportive and delivered care in the way they preferred. They confirmed they could access healthcare professionals when they needed to. One person told us, "I get to see a doctor whenever I want. I go to the hospital sometimes and one of the staff will come with me." Another person told us that a visiting optician called to see them when they needed. A relative commented, "I come most days and feel informed of my relatives condition. The staff are very good".

Records confirmed people were supported to maintain good health and had access to healthcare services. We saw records of visits from people such as the dietician, chiropody, GP and the district nurse team. Staff could refer people to see the doctor and the results of any consultation were written into care plans. The GP visited the home routinely every as well as when a visit was requested. Following our visit we spoke with the GP. He told us, "I have seen the way in which the staff interact and care for people living at the home when I have visited. From my observations I am filled with confidence that people are very well cared for".

People who were at risk of poor nutrition or dehydration had a nutritional screening tool in place which indicated the level of risk. People's weight was monitored weekly and staff demonstrated they understood the action they needed to take if a person's weight had changed. Where people had been identified to be losing or gaining weight action had been taken to address any concerns. For example, for one person who had lost weight the GP had prescribed fortified fluids and food supplements to help them to gain weight. Staff ensured these supplements were given.

People had access to a varied menu which offered choice. The chef told us they worked to a four week menu plan. People had a choice of meals and alternatives were available to ensure people's preferences were met. Between meals we saw people were offered a choice of hot and cold drinks as well as individual packets of biscuits. One person had her drink thickened by a care worker who later explained this was done because they had a problem swallowing and may choke if they were given drinks that were not thickened with the prescribed thickener. The chef told us people were also offered sandwiches at supper time and night staff had access to food should people want something to eat during the night. People we spoke with said they enjoyed the meals provided and were happy with the choice of food they received. One person commented, "The food is good, I think it is anyway". Another person told us, "The food is very nice really you get plenty and can have extra if you want it. If you don't like something the staff will offer you something else". We saw that where required staff took food to people's bedrooms and assisted them to eat there. Relatives told us that they felt able to visit in order to assist with mealtimes. We saw staff helped people to eat their meals where assistance was required.

Staff told us they received the training and support they needed to do their jobs effectively. The manager described the structured induction new staff would undertake. This included completing an initial induction on their first day, followed by an induction workbook over the next 12 weeks. Staff told us new staff also shadowed an experienced care worker until they were confident in their role. Records reflected this process had been followed.

Staff had completed a varied training programme which enabled them to meet the needs of the people they supported. Training included health and safety, dementia awareness, food hygiene and moving people safely. Staff received satisfactory training and support for their job roles however the provider told us and records indicated that supervisions had lapsed during the two months before our visit. The provider was able to show us a supervision plan indicating all staff would have received a supervision meeting by the end of February 2015.

Staff asked people for their consent before personal care was given, during support at meal times and when helping people to the toilet. One person told us, "They (staff) always ask me if it's ok to wash me, they don't do anything without my permission". A relative told us, "Staff never do anything without asking. If they don't get a response straight away they come back a few minutes later and ask again. I have never seen anyone pressured into doing something they don't want to do".

Some people were living with dementia which meant they required support to make important decisions. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people's capacity to make decisions. Staff we spoke with were knowledgeable about the requirements of the MCA and told us they gained consent from people before they provided personal care. Staff were able to describe the principles of the MCA and

Good

Is the service effective?

tell us the times when a best interest decision may be appropriate. One member of staff said, “We need to protect people. We hold a best interest meeting if a person did not have capacity to make an important decision in order that we keep them safe and we do this by involving the person, relatives, the GP and other health and social care professionals who know the person ”.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom. We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place.

At the time of our inspection two people living at the home had been subject to an urgent seven day DoLS authorisation in June 2014. These had expired and extensions of time had not been routinely granted by the managing authority. Care records showed the home had continued to work with the local authorities Best Interest Advisor (BIA) and a GP to assess people’s continuing needs in relation to the deprivation of their liberty. The manager was aware of the changes brought about by a Supreme Court judgement and had continued to ensure that when peoples liberty was restricted this was only done after best interest meetings had taken place and in the least restrictive way. Care staff we spoke with had a general awareness of the Mental Capacity Act 2005 and had received training in this subject to help them understand how to protect people’s rights.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the staff and told us that they were very caring. One person commented, "Nothing is too much trouble for them [staff]. I love my room and my bathroom. I've got a lovely life absolutely brilliant". One relative told us, "I am very satisfied with the care of my [relative] and the staff are marvellous". A relative we spoke with said, "My relative's dementia has worsened over time she is as happy as she can be here. We know she is well cared for and the staff are lovely".

Interactions between people living in the home and the staff were warm and friendly. We saw safe care practices, for example staff supporting people safely to get out of their seats and mobilise using walking frames with friendly and encouraging conversation and respect for the individual.

Some people who lived at the home could not easily express their views about the care they received. At lunch time we observed how people in the home were supported as they had their midday meal. Staff spent time talking with people and engaged with them in a meaningful way. People who needed assistance, for example, with eating were helped by staff in a calming reassuring way. Staff were careful to ensure people made choices of what to eat and gave quantities of food that were easy to manage. For example, one person who was being assisted at meal times was constantly asked what part of the meal they would like to eat next. They were also asked if the portion size was "ok" for them. This helped to make the mealtime a pleasant and sociable occasion.

Staff had good relationships with people and knew their needs well. One relative commented, "Very happy with the service, lovely caring staff. My relative always looks clean, tidy and well dressed. They came for respite and wanted to stay". The interaction between staff and people was warm, caring and friendly. People were relaxed with staff and confident to approach them throughout the day. Staff treated people kindly and with compassion. For example, at lunchtime one person was distressed about pain in their hand and was reluctant to eat their meal. A member of staff sat with them, acknowledged their pain and helped them to eat their meal. This was done with patience and kindness and enabled the person to eat their meal in comfort. The member of staff noted this in the care plan and arrangements were made for the person to be seen by the GP the following day.

The home had links to local advocacy services to support people if they required this. Advocates are people who are independent of the service and who support people to make and communicate their wishes. We saw that people were treated with respect and given the time they needed to communicate their wishes. People were treated in a caring and kind way. Staff were friendly and patient when providing support to people.

The manager informed us the home constantly sought peoples and their relatives views about their care, treatment and support. This enabled people, and those that mattered to them, to have a say on how they wanted their care and support provided. Care plans contained life histories, which gave details about the person's background and people important to them. This supported staff's understanding of people's likes, dislikes, hobbies and interests and enabled them to better respond to people's needs.

Staff knew people's needs well, what they needed help with and what they were able to do for themselves. They confirmed people were supported and encouraged to do things for themselves. For example, we observed staff encouraging people to undertake tasks such as laying tables and collecting cups which provided them with an opportunity to be involved. People had been provided with suitable equipment in order to maintain their independence, including mobility aids, crockery and cutlery. Where people needed support to move this was provided in a dignified way. For example we observed two staff supporting a person to transfer from a wheelchair to their armchair in order to watch television comfortably. The staff spoke with the individual throughout explaining what was happening with kind words and encouragement.

There was a calm and pleasant atmosphere in the service. Staff were observed supporting people to have refreshments in the lounge and were engaged in general conversations, relevant to the person. When people spoke with staff as they entered the room or passed by, we saw that staff stopped and engaged in conversation. One relative told us, "It is so nice how they [staff] speak to the people".

Good

Is the service caring?

Staff respected people's privacy and dignity. Our observations during the inspection confirmed this. People who liked their privacy and wished to spend time in their rooms were supported to do so. Staff were clear about the actions they needed to take to ensure people's privacy when delivering personal care. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs.

Staff were respectful when talking with people, calling them by their preferred names. People and their relatives told us they were able to visit when they wanted. This was observed during the inspection. One relative commented, "I am pleased that I can come at any time. The staff are always welcoming and pleasant". Another commented, "I always feel welcome as a visitor".

Requires Improvement

Is the service responsive?

Our findings

People were involved in their care and had contributed to their care plans. People told us staff responded to their needs and that they received the support they required. People said staff listened to them and their care was provided in the way they preferred. One person said, "Staff know how I like things done, especially in the mornings, they do things in the way I like".

People told us there was an activity programme and this was on display in the entrance to the home but people told us it didn't often happen. On the second day of our visit we observed one member of staff playing a board game with three people in one of the lounges. The activities on display included, quiz time, news review, pampering, and armchair aerobics however during two of the days we visited the home we did not see people were engaged in meaningful and stimulating activities and only saw one activity taking place. **We recommend the service seek to ensure people are not at risk from social isolation and recognise the importance of ensuring activities promote social contact and companionship.**

Staff had a good understanding of the care needs of people and were able to tell us about the individual needs of each person living at the home. Care plans contained people's life histories, likes and dislikes and their hobbies and interests. This would support staff to meet people's individual needs and to understand how people preferred to receive their care. Care plans had been reviewed every month, or as people's needs changed. This ensured staff had up to date information about meeting people's needs.

Staff responded to people's needs in a timely way. Staff answered call bells promptly and responded to requests for assistance. For example one person asked for a cup of tea, the staff member said, "Okay" and went and made one. We saw care staff had time to sit and talk with people both during the day and at meal times.

Staff told us they had a handover meeting at the start of their shift. Staff said the information provided during the handover was important because this was where they were updated about changes in people's care needs and any incidents since they were last on shift. Staff we spoke with had received a verbal handover and knew about changes in people's care. Staff told us they read the handover records for the days they had been off duty, to find out what had been discussed.

Systems were in place for recording and responding to any complaints or concerns. Records were maintained of any issues brought to the manager's attention along with action taken. People told us they felt able to speak with both the manager and staff and had confidence any issues raised would be dealt with. Complaints were received and responded to in a timely way and resolved to the complainant's satisfaction.

People told us they were happy with their care and had no complaints about the service they received. We were told, "I have no complaints but would speak with the manager if I did." Staff understood their responsibilities around listening to people's concerns and dealing with them appropriately.

Requires Improvement

Is the service well-led?

Our findings

The home has a condition of registration that it must have a registered manager. The registered manager left the home in June 2014 and a new manager was appointed in September 2014. At the time of our visit the commission had not received a fully completed application from the manager to become registered. The manager showed us documentation to support that an application had been submitted, however it had been returned as being incomplete. The manager told us the application would be corrected and re-submitted within the next few days.

We received mixed feedback from staff about how well supported they felt by the manager. One member of staff said, "The manager is in the office most of the day. We don't see her about the home that much". Another member of staff said, "We see a bit more of the manager since the office was moved from upstairs to downstairs but I would like to see more involvement". We spoke to the provider about this during our visit. They were not aware of any dissatisfaction and felt the manager had been more involved since they had moved to the ground floor. The provider added that the decision to move downstairs came at the suggestion of the staff following a staff meeting in December 2014.

Other staff were confident they could speak to the manager or the provider if they felt they needed. One staff member said, "I feel confident in raising any issues." Staff told us they had confidence to question the practice of other staff and would have no hesitation reporting poor practice to the manager. Staff said they felt confident concerns would be thoroughly investigated.

Staff understood their role and responsibilities and told us they liked working at the home and enjoyed working with the people who lived there. One member of staff told us, "I love it here. I think it's a good home and looks after people well. I really enjoy working here. I prefer a small home like this, it's so homely". A second member of staff added "I get pleasure from making someone's life nice and making their day feel good. I love working here, I get real enjoyment from it. I would do anything to help".

Staff had recorded when an accident or incident occurred. The manager had reviewed these to identify patterns or trends and to help decide upon the actions to take to minimise further risk and to learn from incidents to avoid re occurrence. For example appropriate action had been taken following someone falling. Sensors had been put in their rooms to alert staff if the person got out of bed, so they could provide prompt assistance if needed.

People and their relatives told us the atmosphere at the home was good and the attitude of the staff was very positive. One person commented, "The girls are first class. I would recommend it here". A relative told us, "They are starting to get on top of things. The staff attitude is good. I like the staff and my (relative) does too".