Oakland (Littlehampton) Limited

Oaklands Littlehampton Limited

Inspection report

Oakland Grange
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Date of inspection visit:
20 June 2017

Date of publication:
22 August 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

Oaklands Littlehampton Limited (also known as Oakland Grange) is a residential care home for up to 42 older people with a range of health care needs, including people living with dementia. At the time of our inspection, 37 people were living at the home. All rooms had en-suite facilities and accommodation was easily accessed from two lifts. Communal areas included a dining room with adjacent conservatory, a smaller sitting room and a quiet lounge. Landscaped gardens were easily accessed from the conservatory.

At the last inspection, the service was rated Good. At this inspection, we found the service remained Good.

People received safe care and treatment at Oaklands Littlehampton Limited, from trained staff who knew how to recognise the signs of potential abuse and what action to take. Risks to people were identified, assessed and managed to mitigate risks. Care plans provided detailed information and guidance for staff in relation to managing people's risks. Staffing levels were sufficient to keep people safe and meet their needs. Robust recruitment systems were in place for new staff. Medicines were managed safely.

Staff had been trained in a range of areas considered mandatory to undertake their roles and responsibilities. They had supervision meetings with their line managers and attended staff meetings. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. The food on offer was nutritious and people had a choice from a varied menu. Special diets were catered for. People had access to a range of healthcare professionals and services.

Staff were kind and caring of people and positive relationships had been developed. People spoke highly of the staff who looked after them. People were encouraged to be involved in making decisions about their care and their likes and dislikes were known by staff. People were treated with dignity and respect and had the privacy they needed.

Care plans were personalised and provided detailed information and guidance for staff on how to meet people's needs. People and their relatives were involved in reviewing their care plans. Some people were involved in a digital health project that monitored their particular medical condition. A range of activities was on offer if people chose to participate in these. Outings into the community were organised. Complaints were listened to and dealt with satisfactorily.

People were involved in developing the service and their views were listened to through surveys and attendance at residents' meetings. Relatives were also asked for their feedback. The home was well managed and people and staff spoke highly of the registered manager. Staff were asked for their feedback through a survey and felt supported by management. The Chief Executive of the provider visited the home daily. An effective system of audits was in place to monitor and measure the quality of care delivered and service overall.

Further information is in the findings below.

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 remains 'Good'.	**Good**
Is the service effective? The service remains 'Good'.	**Good**
Is the service caring? The service remains 'Good'.	**Good**
Is the service responsive? The service remains 'Good'.	**Good**
Is the service well-led? The service remains 'Good'.	**Good**

Oaklands Littlehampton Limited

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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 June 2017 and was unannounced.

One inspector and an expert by experience undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience at this inspection had expertise in older people and dementia care.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We checked the information that we held about the service and the service provider. This included previous inspection reports and statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all this information to decide which areas to focus on during our inspection.

We observed care and spoke with people and staff. We spent time looking at records including three care records, three staff files, medication administration record (MAR) sheets, staff rotas, the staff training plan, complaints and other records relating to the management of the service.

On the day of our inspection, we met with eight people living at the service and spoke with three relatives. We chatted with people and observed them as they engaged with their day-to-day tasks and activities. We spoke with the registered manager, a senior care assistant, four care staff and the chef. We also spoke with a

healthcare professional who was visiting the service at the time of our inspection. They gave their permission for their comments to be included in this report.

Good

Is the service safe?

Our findings

People told us they felt safe living at Oakland Grange because staff were always there and looked after everything. A relative told us they were also consulted regarding their family member's ability, to ensure that measures were put in place to keep them safe. One person said, "They know me. I feel safe and I have been here nearly a year. I speak to the manager a lot". A second person told us, "I feel safe here, but rather wish I was at home, but know I can't be". A third person commented, "I am safe and well cared for. Everyone is so friendly and approachable. It doesn't occur to me not to be safe". Staff had been trained to recognise the signs of potential abuse and knew what action to take. We asked a staff member about their understanding of safeguarding. They said, "Recognising people are kept safe, for example, with premises, having window latches. There are several types of abuse like sexual or Internet abuse. If you see abuse, you report it straight away". They added that the registered manager would refer any concerns to the local safeguarding authority and, if necessary, contact the police.

Risks to people were managed so they were protected and their freedom was supported and respected. People's risks had been identified and assessed appropriately. A risk assessment is a document used by staff that highlights a potential risk, the level of risk and details of what reasonable measures and steps should be taken to minimise the risk to the person they support. Risk assessments provided guidance to staff on how to support people safely. One person said, "We are encouraged to stay independent. I walk around the garden every day with my walker and I can get around all right".

At the time of our inspection, we observed one person had accidentally fallen over and staff were swift to attend to them. Staff checked the person over and gave them time to recover. They were given a pillow to support their head whilst on the floor. A healthcare professional, who happened to be at the home attending to another person, checked the person over. Once it was established that no injuries had been sustained by the person, they were hoisted off the floor and sat in a chair. Staff had moved other people away from the area whilst all this was going on, to give the person privacy. We observed that staff regularly checked on the person following their fall and encouraged them to use their walking frame. We were told later that the person had a urinary tract infection and that this was the reason for them losing balance. After the inspection, we heard that the infection was treated successfully with antibiotics.

Care plans contained detailed risk assessments for people. We saw guidance was in place for staff in relation to people's risk of falls, maintaining a healthy weight, moving and handling and personal emergency evacuation plans, should people need to leave the building in an emergency. Where people had a history of falls, a referral was made to the local authority falls team. Care plans included how to mitigate people's risk of falls, for example, in the use of sensor mats, regular checks, bed rails and people being encouraged to use their call bells when they required assistance. One member of care staff said, "We all get involved with risk assessments. You risk assess all the time. We will do a risk assessment and [named registered manager] will check it over". During the hot weather, we saw advice for staff on how to keep residents safe in the heatwave and the importance of keeping people hydrated. One person told us, "They are so particular about drinking in this hot weather; I feel like it must be oozing out of my pores!"

Staffing levels were sufficient to keep people safe and meet their needs. At the time of our inspection, five care staff were on duty and a senior care assistant. The registered manager told us that the number of care staff would be increased if the home was full. Additional staff acted as 'hosts', giving out menus, assisting people at mealtimes, taking drinks around and sitting with people to have a chat. Other staff included housekeeping staff, a maintenance man, laundry assistant, kitchen assistant and the chef. At night, four waking care staff were on duty. Generally people felt there were enough staff. One person said, "If you ring the bell and staff are busy, they come straight round and ask if you could wait for a moment, while they finish with someone else, which is all okay". A second person said, "Staff are excellent, but over-stretched at times. There are always staff when you need them and I think they are wonderful". We asked staff about staffing levels. One staff member said, "On the whole yes, there are enough staff. If staff are sick, it can be busy, but there's generally sufficient staff. We use agency from time to time, but staff have the first refusal of extra shifts". The registered manager told us that an additional staff member would come on duty to assist during busy periods, for example, to help with breakfasts. They said, "We always ask the residents first, like with the breakfasts, if people want to have them early".

Safe recruitment practices were in place. Staff files we checked showed that potential new staff had completed application forms, two references had been obtained to confirm their suitability and good character for the job role and checks made with the Disclosure and Barring Service (DBS). DBS checks help employers to make safer recruitment decisions and help prevent unsuitable staff from working with people in a care setting.

People's medicines were managed so they received them safely. One person said, "I have asthma and always carry my inhaler with me, so I feel safe. They give me my medicines every day". Another person told us, "The staff deal with all my medicines and give me paracetamol if I need it". A third person said, "I am one of the few that have my own medicine in my room and do it all myself". People were assessed to ensure they were safe to self-medicate, otherwise staff administered medicines to people. We checked the storage of medicines, the Medication Administration Records (MAR) and the management of medicines overall, which were all satisfactory. Care staff were trained in the administration of medicines.

The home was clean and tidy. One person said, "The cleaning staff have their own method of working and it is exceptionally good. They seem to be on call for me if I want it". Another person told us, "It is so clean here, there are no problems at all".

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. People felt staff were trained to meet their needs. One person said, "I was in management and it is difficult to get all staff trained, but I imagine they do their courses, and it all seems okay". Another person said, "Staff seem skilled. I have never had a problem, so presumably they must have been trained". All new staff were required to complete the Care Certificate, covering 15 standards of health and social care topics. These courses are work based awards that are achieved through assessment and training. To achieve these awards candidates must prove that they have the ability to carry out their job to the required standard. New staff completed an induction programme and shadowed experienced staff. Other staff had completed vocational qualifications such as National Vocational Qualifications or diplomas in health and social care. The registered manager told us that staff were encouraged to study for additional qualifications and added, "Staff are paid really well and they get enhancements. Our staff turnover is quite low".

Training organised by the provider was a combination of face to face and distance learning and was refreshed regularly. Training that was required to be completed by staff annually included basic first aid, care planning, equality and diversity, health and safety, infection control, malnutrition, moving and handling and safeguarding. Fire safety training was completed every six months and medication competencies refreshed. Every two years, staff completed training in challenging behaviour, continence, dementia, diabetes, mental capacity and deprivation of liberty safeguards, pressure and wound care and record keeping. The training plan showed when training was due and staff progress against the training they had completed. One staff member described the training they had just completed on equality and diversity. They explained, "Equality and diversity is about meeting people's needs and treating them as individuals. They might have different religions. We try and meet their needs. We have a vicar who comes in. Some people are awkward with people who aren't English. The training was good though". Another staff member confirmed that training was delivered face to face and added, "In our appraisals and supervisions [named registered manager] will ask if there's anything we want to do".

Staff received supervisions every six months and an annual appraisal. A staff member commented, "[Named registered manager] has an open door policy, so we can see her at any time". We looked at records of supervision meetings that had taken place. Staff were asked how they felt their job was going, anything they wanted to discuss, their progress and any actions were recorded, together with dates to be completed. Staff were also required to read and sign to state they had read the provider's policies. In the supervision record we looked at, the staff member had explained their understanding of mental capacity and deprivation of liberty safeguards and been asked to demonstrate their understanding of safeguarding.

Staff meetings took place and we looked at the minutes of the last meeting held in May 2017. Topics under discussion included staff issues, monthly reviews, agency induction, care planning, CQC inspection, call bell system, changes within the home, early tea round, water jugs, MAR charts, employee of the month and laundry. Previous meetings for staff and night staff were held on a regular basis and we looked at records relating to February 2017, and August, September and November 2016.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We observed that staff asked for people's consent before entering their rooms and assisting them with their care. One person said, "I can say 'yes' or 'no' to everything. I sometimes need help in what to wear, but I come and go as I please". Another person told us, "You always get a choice about everything, what you wear, food and what you do". A relative said, "The staff seem to know the residents really well. We had a discussion regarding the Lasting Power of Attorney with both myself and my father". Mental capacity assessments had been completed where needed and copies were within people's care records. Where necessary, applications for DoLS had been completed and sent to the local authority for authorisation. Staff had a good understanding of MCA and DoLS. One staff member said, "We have DoLS in place for some residents. We try and help people with decisions where needed. We contact the family. We have an open front door and people are free to leave, but generally they don't. Some people go out independently, but they always let us know when they're going out".

People shared their views about the food on offer. One person said, "Sometimes it is not cooked well or cold, but we say something. You do get a choice of food". Another person told us, "I think the food is okay. I don't have a great appetite, but they give you a choice of two main meals. If you say 'no' to both, they will suggest a jacket potato with cheese or tuna or something". A third person said, "The food is excellent here and you always get a choice". We observed people have their lunch on the day of our inspection. There was a good choice of food and people were offered alternatives. People said they had sufficient to eat and that they liked the food. Drinks were regularly offered to people and also ice-creams after lunch, as it was a hot day. We saw that a choice of two drinks was offered to one person, but they asked for something else, and this was brought straight away. People were told if the plates were likely to be hot and we observed people were offered more gravy throughout the lunchtime. One person was given their favourite yogurt, without being asked, which they seemed very happy with saying, "You do know what I like!"

We spoke with the chef who told us that menus were arranged over a three weekly cycle. During the hot weather, salads were on offer to people, rather than a hot meal, if they preferred. Roasts were on the menu twice every week and this was a popular choice. Staff asked people what they would like to choose from the menu the day before, although one person preferred to choose on the same day, and this was catered for. Special diets were in place such as for people living with diabetes or people who required their food to be liquidised or pureed due to swallowing difficulties. We were told about one person who said that they did not like the meals on offer earlier in the year. The registered manager arranged to check their food preferences and analysed their weight over several months to see whether they were losing weight. Food and fluid charts were put in place which staff completed over one month to record how much the person was eating and drinking. At the end of the time period, the person was checked again. Their meal preferences were recorded and they had made good progress.

People were supported to maintain good health and had access to healthcare professionals and services. One person said, "I go to my own dentist as my family take me". Another person told us, "The doctors come here and I have been visited by a doctor". A relative told us how staff had noticed a change in their family member's physical condition and that a GP had been consulted without delay. They said, "It was all sorted in three weeks, it was exceptional". Another relative explained how their family member had macular degeneration and that the optician visited regularly. Where people had hospital appointments, staff arranged for them to have an early breakfast to ensure they had eaten before they went out. Care records confirmed that people received visits from healthcare professionals as needed. The GP visited every

Tuesday. A healthcare professional told us, "I can trust Oakland Grange to contact me. They're always really helpful. My aim is to reduce admissions into hospital if we can. I'm always on the end of a phone if needed. They liaise really well and they stick to any plan I have for a patient. I find [named registered manager] very approachable and easy to work with. She's worked really hard and is very supportive of staff, to get them on training". The registered manager provided an example of when the dementia nurse came in to talk with one relative about their family member's dementia. This had worked well and enabled the relative to understand more about dementia and how this affected their family member.

Good

Is the service caring?

Our findings

People were looked after by kind and caring staff. It was clear that the registered manager knew people well and we observed they greeted people by their preferred name. We saw staff had time to spend with people and understood their needs. People said they felt at home and that their needs were being met. We saw staff were caring of people, allowing them to take their time and giving them choice. People told us they were able to make choices about how they lived and how they would like to be cared for. At lunchtime, staff checked with each other to make sure that everyone had gone to the dining room to have their meal and no-one had been missed out. Staff were constantly checking with people to see they were cool enough, as it was a very hot day. One person said, "The staff are caring, but I don't know where the manager gets her information about me!" Another person told us, "They are a very friendly lot, once you get to know them". A third person said, "The staff are very caring to me, they are my friends and look after me". Throughout our inspection, we observed staff engaging with people in a sociable, warm and friendly manner. A relative said, "I thought it was lovely, as on Father's Day, the staff bought him a card and gave him chocolates and made a fuss of him".

People were supported to express their views and to be actively involved in making decisions about their care, treatment and support. One person said, "The staff seem to respect my background and knowledge. They know my likes and dislikes and I am not shy to say so". Another person told us, "They know what I like, such as I don't drink tea". A third person commented, "They know where I want to sit, with people who have similar likes and experience. I like sport and have lived abroad, so have others I sit with". A relative said, "We have seen and signed the care plans and risk assessments. We also provided a history when they moved in".

People were treated with dignity and respect. One person said, "They always knock before they come into my room, but I know a lot of privacy is difficult". A second person told us, "They knock on the door and are always friendly; we have a laugh together". A relative said, "When we came in for a meal with him, we were put on a table in the conservatory where we could talk". When people were receiving personal care from staff, we observed a notice was placed on their bedroom door which stated, 'Privacy. Personal care taking place'. A staff member explained, "I always put the sign on the door and ask people if they want help. Curtains are drawn and people are covered up. We give people a choice of what they want to wear. It's important people choose, even if they have a visual impairment, then we might make suggestions".

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care plans provided detailed information about people in a person-centred way. The essence of being person-centred is that it is individual to, and owned by, the person being supported. A person-centred approach to care focuses on the person's personal needs, wants, desires and goals so they become central to the care process. People's needs take priority. We observed staff listening to people's requests and adapting to their needs where possible. One person said, "I expect we have a care plan, but not seen it. My son and daughter-in-law come to interviews with the manager and get involved". A second person told us, "I do know roughly what is in my care plan, but I forget. I know they also involve my family". A third person commented, "I am sure everyone has a care plan, but I'm not clear what is in it". However, people were happy with the care they received and felt their needs were catered for in line with their wishes. We saw that a number of signs had been placed in people's rooms to help them. For example, 'Please remember to put your slippers on and please use your walking frame to ensure you stay safe'. People could also put a sign on the outside of their door which stated, 'Please do not disturb as I am sleeping'.

Care plans provided detailed information about people from the time they were admitted to the home. They included people's personal histories, likes, dislikes and preferences. Care plans provided guidance to staff in areas such as personal care and dressing, eating and drinking, breathing, mobility/dexterity, elimination, night care, vision, hearing and communication, teeth, foot care and skin integrity. There was guidance for staff on people's personal safety and associated risks and their medicines. People's emotional health and mental wellbeing was assessed and documented. Care plan reviews were undertaken with people and their families and these were in the form of annual, meetings. People's care and support needs were recorded daily by staff. Handover meetings took place at which people's most current care and support needs were discussed and shared as staff left or came on to shift. We sat in one of these handover meetings which were held three times a day. In addition to discussing specific people, staff were reminded to ensure people were given plenty of fluids during the hot weather, in order to prevent dehydration.

People were also involved in a digital health project that related to daily monitoring of their heart rate, blood pressure and temperature, for example. People could choose whether they wanted to be involved or not and their particular health condition, for example, chronic obstructive pulmonary disorder, could be monitored. People or staff recorded people's vital signs on a touchscreen. The results were sent through to healthcare professionals who would then analyse the statistics provided. Based on the analysis, people might then be invited for further health investigations if needed. The registered manager said, "Anyone with a diagnosis that needs monitoring, we can enrol them on this".

A range of activities was on offer to people if they chose to participate. One person chose not to be involved in the activity that was taking place on the day of our inspection as they thought it was "silly". Many people were independent and spent time out in the community. Trips out were organised and people had seen the Glenn Miller band, visited a garden centre and Arundel. A summer party was being organised for August where people and relatives were invited and we were told this was a big event in the home's social calendar. One person said, "I get a choice in going out. We have been to a garden centre and we are going to a music

show. They get a minibus and people can go with wheelchairs too". A relative told us, "I know they had someone in to reminisce with the residents down memory lane, with music and pictures, which was great. They also had hatching chicks".

Complaints were listened to and learned from. People told us that they would complain if they needed to and a number of people said they would tell staff if they had a problem or query and that it would be dealt with. One person told us that they used to have a room next to someone who was quite noisy. When they reported it, they were offered a change of room, which was ideal. Another person said, "I complained about my toilet and it was fixed straight away". A third person said, "I would tell someone if I had a complaint, but I would be hard pushed to find one!" We saw that five complaints had been received during 2017. These were recorded with the actions taken and outcomes, to the satisfaction of each complainant.

Good

Is the service well-led?

Our findings

People were actively involved in developing the service. People told us that residents' meetings took place and were aware that an inspection by the Care Quality Commission was due. One person said, "We have meetings and they involve you as much as possible". Another person told us, "We have meetings and are asked everything, like going out and where. We also are told lots, which is good". A third person commented, "We have meetings every so often, so I feel like I have a say". A fourth person said, "I have told them what I think and often things are changed or improved". We looked at minutes of meetings which confirmed that residents' meetings had taken place. The last meeting had taken place in May 2017 and items discussed included the breakfast routine and the general election. People were asked if they would be interested in inviting the local candidates into the home for a discussion, but no-one was.

People and their relatives were also asked for their views through questionnaires; 12 people completed questionnaire in 2017. In May 2017, one survey asked people and their relatives about the environment, staff and whether any improvements were needed. One person stated, 'An exceptional care home who offer an holistic approach to superb person-centred care'. A relative commented, 'The three week rolling menu looks delicious, varied and well-researched. [Named family member] is consistently complimentary about his meal choices and individual preparation'. People who came to the home for a short break or respite were also asked to provide feedback. In March 2017, a newsletter was produced for the first time, 'Oakland Grange Newsletter'. This had received positive feedback from people and their relatives and would now be compiled on a regular basis.

We were given a copy of the aims of the provider, part of which read, 'To deliver an excellent service that will sustain a holistic quality of life for people over 65 years of age. To specifically provide personal care and a sense of wellbeing assessed against any changing needs, working co-operatively with providers and experts'. In our view, from our findings at this inspection, the aims of the provider had been met.

The home was well managed and people, relatives and staff spoke highly of the manager. One person said, "I think it is managed pretty well. We don't get bossed about!" Another person told us, "If we need anything it is usually done very quickly". A relative said, "I feel that the home is well managed and I feel included and listened to".

A registered manager was in post. 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.

The registered manager told us that the chief executive visited every day and said, "I get great support from my Chief Executive and she comes in every day. We've just ordered a water cooler for the conservatory". They added that the provider also made regular visits and said, "They're very 'for' the home and they're not money orientated". A staff member said, "We have a very supportive management team. The manager's turned things around. She's brought different things in and she listens to our ideas". Staff were asked for

their feedback about their employment in a questionnaire in 2017.

We checked the provider's website to see whether registration requirements had been met in relation to displaying the last inspection rating and that a copy of the latest inspection report was readily available. The rating was on display in the home, but the website had not been updated for some years, with the latest report available from the previous independent regulator before the Care Quality Commission. We discussed this with the registered manager who said they would check on this. By the end of our inspection, the website had been updated and the latest rating and report was included. The registered manager said the delay had been caused because improvements and changes had taken place and they wanted to wait until everything had been completed before updating the website.

A system of audits was in place to monitor and measure the quality of care delivered and the service overall. Monthly audits had been completed in relation to medicines. Where issues were identified, actions had been taken. For example, in one monthly audit, staff had forgotten to sign the Medication Administration Records (MAR) to confirm that people had received their medicines. The action was identified, 'Staff have to check MAR at end of each shift'. This was being done. In addition, staff had their competencies checked and documented to ensure they were administering medicines safely. Other audits in place included infection control, care plans and records relating to not resuscitating people in the event of a cardiac arrest (DNACPR). Accidents and incidents were analysed and we checked the records for March, April and May 2017. Any patterns or trends were identified and actions taken. We saw that an investigation had been completed into possible causes of falls for people. The chief executive audited various aspects of the service on behalf of the provider. Audits we saw were effective and any improvements identified were acted upon.