



Inspection Report on

Oaklands

BARRY

Date Inspection Completed

03/10/2019

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Description of the service

Oaklands Care Home accommodates and supports up to three adults with learning and/or physical disabilities. The home located in a residential area of Barry, Vale of Glamorgan. The registered provider is Cedar Care Services Limited. Jillian Osborne is the responsible individual (RI) providing strategic oversight, and a manager has been appointed who is registered with Social Care Wales.

Summary of our findings

1. Overall assessment

People living at Oaklands seem happy to be there. People benefit from competent care and a service that is committed to achieving positive outcomes. People's physical, mental and social needs are recognised and catered for. Interactions between staff and people are warm and positive and staff know the needs, likes and communication of each individual well. Staff feel valued and supported by their manager, staff turnover is low. The home offers a relaxed and comfortable environment and is adjusted to the needs of the people living there. There are systems in place to help protect people from harm. Appropriate governance arrangements ensure the home runs smoothly and delivers good quality care.

2. Improvements

As this is the first inspection since the service re-registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA 2016) any improvements will be considered as part of the next inspection.

3. Requirements and recommendations

The service met all legal requirements and we made three recommendations, regarding care plans, medication practices and storage. Section five of this report sets out our recommendations.

1. Well-being

Our findings

People have choices and their rights are promoted. Care workers encouraged people to indicate their wishes and to decide individually on day to day matters such as meals and activities. We saw evidence that people were involved in planning their care, for instance by using a personalised 'choice book'. Two-monthly meetings with the keyworkers and representatives took place in order to review their progress and care. We found that care and support was adapted to suit individual circumstances. People and their representatives had access to clear written information about the service itself, and the advocacy services available. The service maintained good communications and regular contact with people's families and representatives. This means that people and their representatives have influence and control over their day-to-day lives and that they have support to understand their rights.

There are systems in place to protect people from abuse and neglect. The home's main entrance was locked to enable care workers to monitor people entering and leaving the premises. We found that staff and management understood their roles in protecting people and they had received training and education to recognise signs of abuse and poor mental or physical health. Having been trained in applying the safeguarding principles and policy, staff knew when and how to report relevant concerns and we saw evidence where this had been done. Deprivation of Liberty Safeguards (DoLS) had been applied for to ensure any restrictions on a person's activity were lawful. There were risk assessments in place, which identified people's particular vulnerabilities, and strategies for protecting them from harm. Accidents or occurrences were recorded and routinely reviewed by management. We also noted that staff and management reacted promptly and appropriately to any incidents or changes regarding the people living in Oaklands. CIW had been notified of relevant events at the home as and when required by regulations. We can conclude that people's safety is actively promoted.

People's health and well-being is supported. When we visited, people looked comfortable in the company of staff and each other. Care workers anticipated people's emotional needs and supported them with kindness and knowledge, and when we visited we could see an instance where this reduced a person's anxiety. We noted that staff interacted with people in a warm and caring but respectful manner. They were attentive and had a good awareness of people's needs and dignity. People were treated as individuals and supported to be healthy and do meaningful things. We observed staff communicating with the individuals in ways they understood, they used suitable cues to prompt and reassure people, and they ensured people's privacy and dignity. People's particular care and support needs were set out within their personal plans. Individual diaries were used to record people's daily activity, dietary intake etc. There were strategies in place to support people to stay healthy. We conclude that people's physical, mental and social needs are recognised and catered for.

People are supported in a relaxing, clean and safe home which is suitable for their needs. We saw that people were comfortable in their surroundings and that consideration was given to particular physical and other needs which maximises their well-being.

2. Care and Support

Our findings

Oaklands provides person centred support through good care planning. The people living in the home had compound needs, and complex levels of communication and mobility. An assessment before coming to live in the home had been undertaken, to make sure it was a suitable place for them. We examined the care files of two individuals and saw they provided robust care planning, were detailed and up-to-date. Care workers could get clear guidance from the plans (and the associated risk assessments) to meet people's needs and maintain their safety. The files had 'about me' sections and we saw important details had been included, such as people's likes and dislikes. The care plans also contained details about people's specific communication and mobility needs, and specific nutritional requirements. We saw that daily events and routines were captured effectively by staff to record important information for each individual. Relevant risk assessments were in place and we noted the service carried out regular reviews with each person and their representatives, as well as with the care team. To improve clarity, we recommended to align the risk assessment reviews with the care plan reviews. The staffing levels observed on the day of the inspection were consistent with those outlined within the statement of purpose, as was the range of care and support needs being catered for. We conclude that people's care and support is well informed.

People can engage in meaningful activities and have active and fulfilling lives. One person said "*it's good here*", and a non-verbal person answered to the question if they liked it in Oaklands with a smile and thumbs up. People had an activity plan with social and recreational pastimes. They were well supported in pursuing their interests and staff was sourcing new opportunities for them. People accessed their activities with support from staff depending on their needs, and we noted staffing was flexible to meet requirements. The home had vehicles to enable people to attend their appointments and activities. Activities were diverse and included Touch, Beat, music, sensory experiences, and swimming. Each person also had a holiday of their own interest and the home supported them accordingly. We conclude people staying at the home are supported to be active and engaged.

People are supported to stay well and their health is monitored. We saw that relevant health and social care professionals were involved with people's care, for example speech language therapist and general practitioner (GP), and on the day of our visit the district nurse was there on a regular call. Important health information such as weights or fluid intake was recorded, as and when required. We also noted care workers encouraged a healthy lifestyle, and motivated people to be as active as possible. People were supported in line with the home's statement of purpose; this set out the service's approach to supporting individuals and we found that this was strengthened by relevant staff training and policies. We saw that behavioural management plans were in place for individuals, containing guidance for staff to identify and proactively reduce challenging behaviours or occurrences. Staff training and guidance were tailored to meet the needs of the current individuals. We saw that staff recognised early signs when a person became agitated, and they supported them appropriately. Moods and behavioural patterns were recorded and evaluated to inform care and support. We conclude that the service has robust internal processes to support people's health and well-being.

There are systems in place to ensure medicines are managed safely. The service had relevant policies and processes for medication handling. Staff had regular training and guidance about the administration of medicines and supplements. We saw that people's medication needs had been identified within their personal plans. Medication Administration Record (MAR) charts showed that people had received their medication at appropriate times and in correct amounts. Where 'as required' (PRN) medication had been given, the rationale for its use, and outcome, had not always been documented. Therefore, we recommended that the medication records were fully completed. We noted that medication administration was checked daily, and we saw evidence that regular in-house checks had been undertaken. In addition, management audited the medication stock taking and procedures, thus contributing to safe practice. This shows the service minimises the risks associated with the management of medication.

3. Environment

Our findings

People live in an environment that supports their well-being. The home consisted of three bedrooms within a bungalow in a quiet residential neighbourhood. All areas were accessible for wheelchairs.

The building had a communal lounge and a kitchen/diner that were homely and well-equipped, however the lounge would benefit from re-painting due to some wear and scuff marks. All rooms were comfortable, tastefully decorated, and adapted to people's needs and preferences, for example features had been added to individual's rooms to provide for their specific sensory needs. We also noted that the rooms had been adapted to maintain levels of independence whilst at the same time helping reduce anxieties, for instance arranging furniture to allow easy access for a hoist or by choosing a relevant colour scheme for an individual with autism. There were many leisure items available for people, such as gaming and music equipment, sensory objects and computer games. The garden area was wheelchair accessible and furnished with plantings and objects of sensory interest. We conclude that the design, layout and equipment of the home allows people to experience a sense of well-being.

The home takes action to reduce environmental risks to people's health and safety. We found that internal areas were well maintained. We saw that there was an ongoing maintenance schedule in place and the premises were kept in good repair. Works to improve the safety of the environment had been carried out as needed, such as the servicing of fire safety equipment. We saw that consideration to health, safety and maintenance formed part of the service's quality monitoring, and that staff and management contributed continuously. All the relevant policies and procedures for health and safety were in place and we saw evidence that these were adhered to. We found there were satisfactory servicing contracts and records in place for all aspects of the home. We saw further that regular fire drills had taken place and found staff familiar with the fire evacuation procedures, at day and at night. A personal emergency evacuation plan (PEEP) and a 'grab file' (containing all pertinent information e.g. for emergency hospital admission) was in place for each individual and kept updated.

A Food Hygiene Rating of 5 (highest) had been awarded to the home, and we saw staff employing safe practices when preparing food, for example using colour coded chopping boards.

The home's insurance certificate was displayed and in date.

The office in the home had secure facilities for document storage, and there were spaces for training or confidential conversations. Personal files, medications and hazardous items such as cleaning products were locked away to ensure confidentiality and safety, however the keys for the medication storage should be kept in a safer place. We conclude that all people associated with the service can feel confident that it is a safe and comfortable place to live, work and visit.

4. Leadership and Management

Our findings

Overall, people know what to expect from the service, which is being provided in line with its statement of purpose. This document set out the home's aims, values, and how it intended to deliver the service to people. A service user guide was available for people and their representatives, containing practical information about the services provided. There were appropriate governance arrangements in place to ensure the home runs smoothly and delivers good quality care. The home had a clear management structure, with each staff member having a distinct role and responsibility. We can conclude the service is transparent with its values and purpose, and makes its objectives and provisions clear.

The home ensures staff are fit to work with vulnerable people, and have the skills and competence to meet people's care and support needs. The staff files we saw evidenced robust recruitment and vetting. They were well organised and contained the required checks and information. We found that nearly all staff had completed, or were working towards completing, a recognised care qualification. A broad staff induction programme was in place and all staff had undertaken mandatory and additional training including medication administration, moving and handling, epilepsy, infection control, food safety and first aid, with further training scheduled. Staff were positive about their training and said they felt competent and comfortable in their roles. They also had regular, individual supervision with the manager, and used this as an opportunity to reflect on their performance, receive support and discuss future goals and training needs. Formal and informal meetings with management kept staff up-to-date with changes and developments and provided a platform for reflection, suggestions and discussion. This indicated to us a culture of shared learning, reflection and development being present in the service. Staff commented mainly positively to us about the management of the home. They said *"I enjoy working here, it's a bit like in a family"* and *"the manager has always time to help with advice, or hands-on"*. Staff members wrote in the questionnaires we gave out *"I feel well supported by the manager and team"* *"the manager appreciates our hard work and ideas but I feel the directors don't quite so"* and *"it's a very friendly and helpful team, and we work well together"*. This shows that people are supported by care workers who have been appropriately recruited, trained and supported to carry out their roles.

The service has effective quality assurance and auditing systems to ensure people receive the best possible care. We sampled a selection of reviews, minutes and reports, and observed a team meeting. The responsible individual had visited the home every three months to formally assess standards at the service. We looked at the reports of these visits and found them consistent and inclusive. The regulatory quality of care review of the service to the provider was available when we visited. These documents gave evidence of outcomes, informed conclusions and plans, and helped the service to self-evaluate and improve. There were current policies and processes in place including for whistleblowing, privacy and safeguarding. The home's complaints policy and procedure was clear and we were told that the home had not received any recent complaints. We also noted that management acted timely and appropriately with any issues arising, for instance to be prepared for possible medication issues due to Brexit. We conclude people benefit from a service which has an ongoing commitment to reflection and improvement.

5. Improvements required and recommended following this inspection

5.1 Areas of non-compliance from previous inspections

This is the first inspection since the service was registered under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

5.2 Areas of non-compliance identified at this inspection

There were no areas of non-compliance identified at this inspection, the service met all legal requirements.

5.3 Recommendations for improvement

The following is recommended as good practice:

- Ensure care plans and risk assessments show clearer that their reviews have been done in the correct time frame.
- Ensure reasons and results for giving PRN ('as needed') medication are recorded consistently.
- Devise a safer way to keep the keys for the medication storage.

6. How we undertook this inspection

We undertook an unannounced full inspection, the first for the service since re-registration under the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

Information for this report was gathered from:

- an unannounced visit to the home on 3 October 2019 from 1025hrs to 1435hrs
- conversations with service users, visitors, the manager and care staff, and observing a full team meeting
- communications with the responsible individual (RI) including feedback
- observations of routines, care practices and activities during our visit
- visual inspection of the house and the garden
- examination of two care files and medication records of the people in the home
- examination of three staff files to consider recruitment, vetting, qualifications, supervision and individual training
- examination of records and policies held at the service such as accident/incident reporting, staff training and supervision matrix, privacy, safeguarding, whistleblowing and other policies, complaints procedure.
- review of information about the service held by CIW
- review of the service's statement of purpose and service user guide
- review of the service's quality assurance system, RI visit and annual reports, meeting minutes and other relevant documents
- feedback from seven CIW questionnaires received back

Further information about what we do can be found on our website:

www.careinspectorate.wales

About the service

Type of care provided	Care Home Service
Service Provider	The Cedars Care Services Ltd
Responsible Individual	Jillian Osborne
Registered maximum number of places	3
Date of previous Care Inspectorate Wales inspection	13/2/2018
Dates of this Inspection visit(s)	03/10/2019
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	This is a service that does not provide an 'Active Offer' of the Welsh language. This is because the service is situated in a primarily English speaking area. We recommend that the service provider considers Welsh Government's ' <i>More Than Just Words follow on strategic guidance for Welsh language in social care.</i> '
Additional Information:	

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