

Oaklea Care Limited

Oaklea Care

Inspection report

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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	

Overall summary

This inspection was unannounced and took place on 31 December 2015.

The last inspection of the home was carried out on 6 September 2013. No concerns were identified with the care being provided to people at that inspection. The home has since re-registered in 2015 to become a limited company. The service remains a family run business. This is the first inspection since the re-registration.

The service provides care and support from a main home with two further homes in close proximity. The service provides accommodation and support for up to 15 adults

with a learning disability. At the time of the inspection there were 15 people living in the homes. Most of the people had a range of mild to moderate learning disabilities, one person had more complex learning and physical disability needs.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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 was appropriately qualified and experienced to manage the home. The provider explained the registered manager had experience of supporting people with learning disabilities and continued to develop further skills and knowledge by ongoing training and attending local meetings.

The provider had taken reasonable steps to minimise the risks of abuse to people. There was a thorough recruitment process which ensured all staff were checked for their suitability to work with vulnerable people. Staff knew how to recognise and report abuse and all were confident action would be taken to protect people if they raised any concerns.

People, relatives and staff were complimentary about the service and spoke highly about the registered manager and provider. One person said, "We can talk to them when we like, we see them often". People told us they were happy and comfortable in each other's company and with the staff. Some people had lived at the home for many years and told us they were proud to have done so.

The majority of people could communicate verbally, although some had more limited communication. People received care and support from staff who had the knowledge and skills to support them. Most of the people were able to carry out their own personal care with prompting and support from staff. Some people could also go out into the community independently, others needed support from staff.

Care records were well written and detailed, with formats that supported people's communication needs. They accurately reflected people's care and support needs. Where possible people were fully involved in their care planning. Care plans included information about people's likes, interests and background, and provided staff with sufficient information to enable them to provide care effectively. People signed their care plans to demonstrate they had been involved in reviewing them or agreed to changes made.

Staff had a good understanding of each person's needs and preferences. They received appropriate training to enable them to support people safely and effectively.

There were sufficient numbers of staff to ensure people's safety, and provide care in an unhurried manner. There was a happy relaxed atmosphere within the home, people were seen to be at the heart of the service.

We observed people were treated with kindness and respect and their independence promoted, including their rights to choice and privacy. One person informed us, "I have a key to my bedroom door. Sometimes I lock it, other times I leave it open. I know nobody will go in there if I'm not there".

Safe systems were in place to protect people from the risks associated with medicines. Medicines were managed in accordance with best practice. Medicines were stored, administered and recorded safely. Health professionals were routinely involved in supporting people with their health and wellbeing.

People were supported to have sufficient to eat and drink. People told us they were involved in menu planning and enjoyed going to the local supermarkets to shop for their food. One person told us, "We can walk into town to shop sometimes staff come with us sometimes we go alone".

People were engaged in a variety of activities within the home and in the community. The registered manager informed us people led active lives. Some people went to work, some had different placements with different providers on different days, and all people were supported within their chosen activities.

There was an open and honest culture in the home that empowered people to discuss any concerns. People received care that was effective, and which promoted people to be as independent as possible. People's health care needs were monitored on a regular basis, where people had attended appointments with relevant health care professionals, the visits were recorded in people's care plans.

There were quality assurance systems in place to enable the provider to monitor care and plan on-going improvements. People's views and suggestions were sought to ensure changes were made in line with people's wishes where appropriate. The provider had systems in place to ensure the service maintained a safe and high standard of care.

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?

The service was safe

There were sufficient numbers of staff to ensure people's safety, and provide care in an unhurried manner.

Risks of abuse to people were minimised by a robust recruitment procedure.

People's medicines were safely administered by staff who had received specific training to carry out this task.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People were supported to maintain a balanced diet

People's health was monitored, and they had access to appropriate healthcare professionals according to their specific needs.

Good



Is the service caring?

The service was caring.

People were supported by staff who were kind and caring.

People's privacy was respected and they were able to make choices about how their care was provided and where they spent their time.

People were able to see visitors at any time and family and friends were always made welcome.

Good



Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs.

People were able to take part in a wide range of activities and follow their own interests and hobbies.

There was an open and honest culture in the home that empowered people to discuss any concerns.

Good



Is the service well-led?

service was well led.

People benefited from a registered manager who had the skills and experience to effectively manage the home.

People were encouraged to have links with their local community

There were effective quality assurance systems to monitor practice, seek people's views and plan improvements.

Good



Oaklea Care

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.

This inspection took place on 31 December 2015 and was unannounced. It was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications, (issues providers are legally required to notify us about). Other enquiries from and about the provider and other key information we hold about the service.

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 improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with seven people who lived in the home, we spoke with three members of staff, the registered manager and provider. The registered manager and provider were available throughout the inspection. Following the inspection we contacted three relatives and one health professional. We looked at a number of records relating to individual care and the running of the home. These included six care plans, three medication records, one finance file, three staff personal files and records relating to quality assurance.

Is the service safe?

Our findings

People told us they felt safe at the home and with the staff who supported them. One person commented, “although staff don’t stay in our house we still feel safe, if we need them [staff] we just call and they come quickly”. Another person told us “I feel safe all the time, if you came to live here you would feel safe too, because we get help when we need it”. A third person told us “I feel safe here, the banister on the stairs makes me feel safe, it also helps [person’s name] feel safe when they come to visit me as they are not scared of falling down the stairs.” A relative informed us, “I am very confident [person’s name] is safe and well looked after, I am kept informed of any issues that may need my support.”

We observed people were supported by sufficient numbers of staff to ensure their safety and meet their needs in a relaxed and unhurried manner. The registered manager informed us there was a stable staff team. If they needed to use any agency cover they ensured the people being supported were known by the agency worker. A member of staff informed us, “I know people’s routines and I am confident interacting with people. When I first started work here I was not allowed to work alone until my induction was complete, I feel safe working in any of the homes as there are always staff on call throughout the day and night.” One person discussed how staff had talked to them about risks associated with opening their front door at night. They explained, “when there is a knock at the door we know that we have to put the chain on before we open the door so we are safe.” They explained this had happened once when someone had tried to enter their home who they did not know, they told us “the staff were here very quickly and sorted it all out”.

Individual risk assessments had been carried out regarding people’s safety. For example, in one person’s care plan the action staff needed to take to support the person safely whilst they were out alone in the community was documented. We discussed the risk assessment with the person, who informed us, “they [staff] did a risk assessment for me crossing the road when I am out alone, they checked out the route I take every day and checked it was the safest way to go. They check when the weather is bad if I am still ok to go out alone, it makes me feel safe”.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before

commencing work all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks potential new staffs’ criminal record history and their suitability to work with vulnerable people. Staff personal files showed new staff had not commenced work at the home until all checks had been completed.

People’s medicines were administered by staff who had received specific training and supervision to carry out the task. People said they received the correct medicines at the right time. Risk assessments were in place to enable people to administer their own medication where they choose to. One person told us, “I look after my own medicines, I keep them safe in my room. They [staff] give me my medicines every week and check I have taken all my medicines. I sign when I have taken my medicines and when they give them to me.” A relative informed us, “My relative had a health issue that was difficult to resolve. The team were really good linking with other professionals and supporting my relative to follow the guidance given by the doctor. They soon had it all under control”.

There were suitable secure storage facilities for medicines. The home used a blister pack system with printed medication administration records. The medication administration records recorded when medicines were received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. Medicines that required additional security and recording were appropriately stored and clear records were in place. We checked a sample of records against stocks held and found them to be correct. People who self-medicated were supported to keep their medicines in a safe place.

Control measures were in place to keep people safe in the environment. Infection control was managed through a cleaning regime that all staff had been trained in. All the homes had work books which staff completed each time they made a visit to any of the homes. Signatures were seen where safety checks had been completed. The checks included fire tests and fridge and freezer temperatures checks. The registered manager carried out regular health and safety spot checks in each home to ensure the physical

Is the service safe?

environment in the homes were safe. Further audits included the recordings of any accidents or incidents. Each home had an emergency evacuation plan that all staff and people living in the homes were aware of.

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One person told us “we have some new staff supporting us, they are good and have been shown how to help us”.

A training matrix evidenced staff were receiving training to enable them to gain and maintain the skills needed to fulfil their roles. Staff development plans were in place and staff training needs were discussed in supervision. New members of staff completed an induction programme. The registered manager informed us, new members of staff were not able to work alone or sleep in until they have completed an induction workbook. They explained all staff keep a diary of their training experiences, which is then assessed by a senior member of staff or the registered manager. All staff were linked to a senior staff member who acted as their mentor and supervisor. Training records viewed showed staff were receiving regular training in line with current legislation including Mental Capacity Act. The staffing files contained copies of staff qualifications and training certificates.

After staff had completed their induction training they were able to undertake further training relevant to their roles. One member of staff informed us, “My induction was good I was given an induction pack and worked through this with a senior member of staff. I have completed my induction now, I am looking forward to completing my care certificate”. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working lives. The certificate gives people confidence that workers have the same introductory skills, knowledge and behaviours which should enable them to provide safe, compassionate and high quality care and support.

Most people who lived in the home were able to make decisions about what care or treatment they received. We observed people were asked for their consent before staff assisted them with any tasks. One person informed us, “we have keys to our front door and bedroom doors, we can come and go as we like”. Another person stated, “it is a lovely place to live, it is comfortable and friendly, and I am definitely supported to be as independent as I want to be.”

People had received financial capacity checks, which meant those who lacked capacity to make financial decisions had power of attorneys in place to manage finances on their behalfs.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. The home had recently been audited by an outside body regarding their understanding and practice in respect of the MCA. The audit had recommended further training for all staff and this was in the process of being provided. The registered manager informed us they were following the guidance given by the external trainers regarding additional training for staff.

The 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of our inspection there were no applications being made, however following the external feedback given from the audit regarding people’s capacity the provider and registered manager were reviewing if people needed to have DoLS applications applied for.

People received the support and encouragement they needed to help them to eat a good diet and maintain a stable weight. They informed us they were actively involved in food shopping and preparation. We observed people being helped with the preparation of their lunch. One person told us, “We like to eat healthy, staff come and help us, we do our shopping and choose what we want to eat”. Meal times were relaxed with each person participating. Fruit and snacks were available for all. One person told us, “I like the food here, especially Sunday lunch when we all get together.”

The home arranged for people to see health care professionals according to their individual needs. All had

Is the service effective?

annual health checks at their individual doctor's surgeries. One person informed us, "If I want to see my doctor they [staff] will ring for me to arrange an appointment." A relative said, "They [staff] are very good. They tell us if there

is a medical concern and have always contacted the doctor for advice". Care files showed where people had been involved with other care professionals and the outcomes and recommendations of the visits.

Is the service caring?

Our findings

People told us they were treated kindly. We observed and heard caring interaction between people and staff. One person informed us, “Staff are kind to me and others, they will always help if they can. If I break something I don’t worry as I know they [staff] will fix it for me”. Another person told us, “I really like the staff, they know what I like and help us all out”. We saw and heard staff talking kindly to people. One person was reminded what day it was and what would be happening in the evening with people coming around. At all times people were treated with dignity and respect.

Staff knew the people they were supporting well, and were very respectful in their manner to people. People were listened to and were heard sharing individual experiences with each other and staff. People were all involved in the forthcoming party to celebrate the New Year. One person informed us, “We are all planning a big party tonight, it has been fun getting ready we are all going to stay up and watch the fireworks”.

People talked about liking who they shared their home with. One person explained, “I like living here and being with my friends. We all meet up for Sunday dinner, I like that”. A professional linked to the home informed us, “If I had a family member that needed support I would choose this home. People are happy living there. They get the balance right”. A relative told us, “They are a very caring team, the registered manager is always willing to talk if I need to. I am always made welcome when I visit and the staff are very friendly, and caring”. Another relative said, “They [staff] are always very helpful. When [person’s name] comes home they are always happy to go back”.

Each home provided a relaxed, caring and friendly environment, with people’s choices, wishes, needs and preferences shown. People showed us their bedrooms which were clean and tidy and personalised to their own tastes with varying personal belongings. One person told us, “We all help around the house to keep it clean”. All people we spoke with were proud to show us their bedrooms and proudly spoke of the possessions they had collected over the years. Each person had brought their own belongings.

The provider informed us that there were few opportunities for people to move into the home, as they rarely had

vacancies. They explained following the initial assessment to see if they were able to support a person’s care needs the person wishing to move in was invited to visit the home, they explained. “If we had a room empty and someone wanted to move in, we would ask them to visit in the first instance, come for tea or stay the weekend. It is very important that everyone gets a chance to see if they like the person that would like to live here”. People told us they had lived there for many years and still liked living there and liked the people they lived with.

There were ways for people to express their views about their care and cultural needs. People worshipped at different churches and were supported in their individual religious beliefs. One person told us they liked to go to church. They informed us, “[staff members name] took me to their church. I really liked doing that and seeing the different church”. Another person talked about how important it was for them to go to their church. They explained “I have made many friends at my church and sometimes invite people back”.

There was a person centred culture at the homes and people were at the heart of the service. People were seen to be respectful of each other and each other’s possessions. The registered manager informed us, “This is their home and I am proud of the work we do here with people”.

People told us they were given opportunities to express their views. For example one person told us they had not been happy in one of the homes. They had talked about it and swapped with someone else who wanted to move. They explained this move had kept them happy. People talked about their individual interests, and showed us around their homes.

We observed staff were available to support people in a timely manner whenever they needed assistance or attention. Staff were seen to be working well as a team supporting each other and those living in the home. A care professional informed us, “The team at Oaklea are very good. They have a good balance between independence and support”, they informed us, “We support people who sometimes need additional emotional support, if we are concerned about a person we contact the home. They know the people they support well and always act in a kind caring way in supporting them with their anxieties”.

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. One person informed us, “I wanted to go to a show, they [staff] helped me to book my tickets”. The registered manager explained, “There is a fine balance of offering independence and control. I feel we get it right. For example, it would be easy to put our care plans on the computer but we don’t, we would not be able to involve people in planning their support if we did”.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their needs and individual wishes. Each person’s care plan had records of their life history and social networks and important contacts. The registered manager discussed how care plans were reviewed every three months. A relative confirmed they had been involved with their relative in the review of their care needs. They explained, “They [staff] are good. They are helping [person’s name] achieve their goals”. A professional involved in the home informed us, “If I had a family member who needed support I would choose this home. We worked with the home to support a person who was extremely poorly, they went above and beyond putting all the support in they could.”

The service protected people from the risk of social isolation and loneliness. Each person had a scheduled week of either work, participation within their local community or day services. People told us about their “busy lives”. One person informed us, “I have worked in the same job for a very long time. I love my job”. People discussed their personal activities and personal interests which ranged from swimming and sports, to holidays abroad. Another person told us, “We go abroad to Spain, we love our holidays there”. A relative informed us people were already looking forward to the holidays, and they were all starting to plan and save.

People were able to take part in a range of activities according to their interests. These included activities which involved people in their local community. A relative informed us “[person’s name] likes to do the same activities all the time. The staff do try to introduce new things to them, they don’t give up”. Another relative told us, “[person’s name] is always busy. The staff support them

with their activities. They show an interest and find out what they have been doing whilst they were out”. A person informed us that being part of their local community was a big part of their lives and important to them. They explained they enjoyed inviting people to their home, but always told staff who they were inviting to ensure they remained safe. Regular liaisons were maintained with other professionals involved in supporting people with their chosen activities or work placements. The registered manager informed us most of the staff were flexible, and would change their duties or work additional hours to support people if they could. This showed the service worked in a person centred way?

Communication needs were supported with formats that met individual needs. A family member informed us, “Our relative finds it difficult to make themselves understood, the staff team know them well, they have a great relationship. I would know by [person’s name] body language if they were unhappy”. A professional involved in the home told us, “Communication is very good. There is a lot going on in the home, they make sure all people have a say”.

The service was flexible and responsive to people’s individual needs. Regular meetings were held with people who lived in the homes and their family members. The provider informed us, “It is sometimes difficult to get people and their families together at the same time, but we do try to hold the meetings where everyone can have their say”.

The provider and registered manager sought people’s feedback regarding the service. All people we spoke with felt confident any concerns raised would be acted upon by the provider and registered manager. One relative informed us “I can always speak with the registered manager they are good and I know they would act on any concerns raised”. At the time of the inspection no complaints had been received. Each individual home had notice boards where information was displayed for people to read minutes of meetings and notices of events. One person pointed out there were phone numbers to ring if they were unhappy about their care and treatment.

All people living at the home had completed an annual satisfaction survey. If people were not satisfied with a part of their service, they were informed how these issues would

Is the service responsive?

be addressed, and who to speak to if they remained unhappy. There was a complaints procedure in place. People we spoke with told us they knew how to complain and would do so.

Is the service well-led?

Our findings

There was a positive, person centred culture within the home. One care professional informed us, “The home is naturally person centred, it is all about the people that live there”. The provider commented, “We all have to make a living in life, but our philosophy is it is all about the people that live here. This used to be our home now it is their home. We try to provide a home where we would be happy for any of our relatives to live.” Staff understood and worked in a way which supported the ethos.

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager was appropriately qualified and experienced to manage the home. The provider believed the registered manager, with their experience of supporting people with learning disabilities and their personality, had strengthened their management team. The registered manager informed us the provider was available at all times and was around the home on a regular basis. They said, “I have regular meetings with the provider as well as with the management team, it works well.” There was good leadership within the home with staff having the confidence to talk freely to the registered manager and provider. One member of staff informed us, “We are a good team and have great support”.

All staff knew what was expected of them within their roles. One member of staff informed us, “We are given information so we know what is happening in the homes”. They explained they were given the rota in advance, so they knew where they would be working and who they would be supporting. Another staff member explained, “If we miss any meetings we can always find the minutes on the notice boards”. We have handover books in each home where we can leave messages for each other, it helps us to know what has been happening in each home”.

The home had policies and procedures in place that were reviewed on a regular basis. A reading list was produced to advise staff when new legislation and updates came in. Staff signed this when they had read them. Each policy was linked to the Care Standards. All staff received regular updates either through their supervisions or team meetings. The registered manager held monthly audit meetings with the management team, which highlighted individual responsibilities for the month ahead. Each of the four homes had been assigned a member of the management team to oversee the general running of the home. Alongside this there was a management on call system, to ensure staff were supported at all times.

The provider discussed their vision for the future of the home. They explained it was important they were recognised as providing high standards of care based within four family homes, with each care plan tailored to each person’s specific needs and aspirations. Care plans we reviewed reflected this. The business plan stated one key goal for the next year was to continually improve the quality of the service by listening to people and acting on their comments. The satisfaction surveys showed this was being done.

There were robust systems in place that drove improvements. For example each member of staff completed an annual performance review, prior to meeting on a one to one basis with the registered manager. Measurable objectives were agreed for each member of staff which ensured they could do their job safely and effectively, taking into account best practice. Monthly quality assurance audits were carried out to ensure the service was meeting the required standards of quality and safety.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.