

Allag Care Limited

Oak House

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 ●

Summary of findings

Overall summary

About the service

Oak House is a residential care home for people with mental health support needs. The service can support up to 11 people. At the time of inspection, 9 people were living at the service.

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

People received safe care from a staff team who understood safeguarding procedures and were confident in raising concerns should they need to. Staff told us that management took appropriate actions to safeguard people.

Risk assessments were in place to manage risks within people's lives. Staff were confident in managing risks.

Safe recruitment procedures ensured that appropriate pre-employment checks were carried out, and staffing support matched the level of assessed needs within the service during our inspection.

Medicines were stored and administered safely, staff were trained to support people effectively and were supervised well and felt confident in their roles. People were able to choose the food and drink they wanted, and staff encouraged healthy options. Cultural requirements with food and drink were understood and respected by staff.

Healthcare needs were met, and people had regular access to health and social care professionals as required.

Staff treated people with kindness, dignity and respect and spent time getting to know them. Care was personalised to each individual, and staff were passionate about supporting people to achieve independence where they could, and live full lives.

Care plans reflected people likes, dislikes and preferences. People were involved in activities that were tailored to them.

People and their family were involved in their own care planning as much as was possible. A complaints system was in place and was used effectively.

The management team was open and honest, and worked in partnership with outside agencies to improve people's support when required.

The service had a registered manager in place, and staff felt well supported by them and the wider management team.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice.

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

Why we inspected

This service was registered with us on 20 February 2019 and this is the first inspection.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-Led findings below.

Oak House

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with two members of staff, the deputy manager, and the registered manager. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe within the service, and staff delivered safe care. One person said, "I feel safe here, more so than other places I have been at."
- All staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people using the service.
- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risk assessments were in place to ensure staff supported people in a safe manner. This covered any areas of risk within a person's life such as their physical mobility, emotional wellbeing, and any behaviour which may challenge.
- Staff we spoke with were confident in managing risk, and said they were never asked to carry out any tasks they were not trained for or felt were unsafe.
- The building and the facilities within it were assessed for risk and regularly checked and maintained. This included fire safety checks.

Staffing and recruitment

- The provider followed safe staff recruitment procedures and there were enough staff employed by the service to cover all the care required.
- Records confirmed that Disclosure and Barring Service (DBS) checks were completed and references obtained from previous employers. Staff we spoke with confirmed they were not able to begin work before these checks had been carried out. The provider had taken appropriate action to ensure staff at the service were suitable to provide care to vulnerable people.

Using medicines safely

- Medicines were stored and administered safely. All medicine administration records (MAR) we looked at were used correctly and medicine stock was accurate.
- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.

Preventing and controlling infection

- The service was being kept clean and tidy. People had support to clean their own rooms, and communal areas were well kept. Staff understood infection control procedures and told us they had the required

equipment to carry out personal care safely.

Learning lessons when things go wrong

- Information from audits, incidents and safeguarding alerts were reviewed by management to improve the service. The managers worked with staff to understand how things went wrong and involved them in finding solutions.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Each person's needs were assessed before they commenced using the service to ensure staff understood their needs and preferences. We saw that people had comprehensive assessments of their needs to identify what care they required, and to guide staff on how to support them in the way they wanted.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs they had.

Staff support: induction, training, skills and experience

- Staff received the training they required for their role, including a suitable induction when they were first employed. One staff member told us, "I shadowed other staff for the induction, I didn't get thrown in to the deep end, it was really good." Another staff member said, "I am happy with training. Management are always on top of training."
- Staff felt well supervised and received regular guidance and support from the management.

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

- People received support and encouragement to maintain a healthy diet. Choices were offered daily, and snacks and drinks were readily available. One person said, "The food here is very good, it always is."
- Care plans documented people's dietary needs, and preferences. For example, this included any allergies a person had, or cultural requirements for specific types of food. Appropriate referrals were made to health professionals to ensure people received the right dietary support.

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

- People had access to health and social care professionals to ensure their needs were met. This included GP's, psychiatry, social work teams, dentists, and opticians. Care files kept a clear record of input from other professionals so that staff could keep up to date with people's needs.
- Staff followed advice that was given by health professionals, for example, when a speech and language therapist provided guidelines for the specific texture of food a person should be eating.

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

- People had their own rooms which were personalised to their own tastes. There was a selection of communal areas and a kitchen which were all furnished appropriately and accessible to people in the service.
- An outside garden space was available which was safe and accessible for people to use.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff demonstrated they understood the principles of MCA and supporting people to make choices. People confirmed staff always asked their consent before providing their care.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People felt well cared for by staff. One person said, "The staff are good as gold." During our inspection we saw people were spoken to in a respectful manner by staff and management and had a good rapport with all staff. One staff member told us, "As long as the residents are all happy, that's my main concern."
- We saw written feedback from a relative of a person which said, 'We are very pleased with the level of care and professionalism the staff have shown with the care provided to [name]. I am extremely pleased with the detailed input provided to myself. The staff here go above and beyond to ensure my [name] feels a homely environment.'

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

- People were involved in the planning of their care. Care plans clearly showed how people preferred to receive their care. One person told us, "Staff are all very respectful and do what I ask them. I'm involved in all of my care."
- Staff understood people's different communication requirements and provided support to people to express their views and choices.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity was respected at all times by staff. We observed staff knock on people's doors and wait for a response to ask for permission to go in to people's rooms if they were not in them.
- People's information was stored securely within an office, and staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's needs and preferences were met through personalised care. Care plans provided the record of each person's personality, likes and routines. For example, one person's care plan detailed they liked Bollywood films, comedy programmes, and football. It also documented their religious beliefs and the importance of visiting their local place of worship. A 'fast facts' guidance document was in place for staff to read and understand the basics of the belief system the person had.
- Staff and management were proud of the work they had done to help people progress within their lives. One staff member said, "[Name] has come a long way, the staff approaches have made the difference. It's helped [name] understand the risks they were putting themselves in."
- Another staff member said, "It's a positive staff team, and we always encourage people to be positive. We promote their independence. It might just be help to make a sandwich or small things like that, but it helps people." The registered manager told us, "We really try to meet everybody's culture."
- People we spoke with felt able to access the community as and when they wanted to. One person said, "I can go wherever I want, I'm not restricted."

Meeting people's communication needs

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

- The registered manager was aware of the need to provide people with information that was accessible to them. We saw documents had been created for people in different languages and pictorial forms, to aid their understanding.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place, but no complaints had been made. One person said, "I'd feel fine with complaining if I needed to, but don't have any complaints."

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The people we spoke with felt the service was well run, and knew the registered manager well. Staff we spoke with were happy with the support they received. One staff member said, "There is a brilliant manager here, always present and available, they are always there for anything I need." Another staff member said, "I feel like I'm going to achieve more in this role, the registered manager pushes you to do better."
- The registered manager and all the staff were positive about the service and the support offered to people. The registered manager told us, "We have to bring passion in to everything we do."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their legal obligations including the conditions of their registration. Systems were in place for notifying the Care Quality Commission of serious incidents involving people using the service.
- Staff and the registered manager, maintained records of accidents and incidents. Information and learning were shared with staff to reduce the likelihood of recurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Regular audits and quality checks took place to ensure that quality remained high and any errors could be rectified. For example, audits took place on medication records and infection control and environment.
- Policies and procedures were in place containing current and supported best practice.
- Staff attended team meetings to discuss updates on people within the service, training, policies, and to refresh knowledge.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Recent satisfaction surveys had been sent out to people, their family, and staff, to assess how the service was viewed and make any necessary changes. The results we saw were positive.
- People and their families were engaged and involved in the service. We saw a written compliment which said, 'Whenever we have had any issues or concerns, they have been dealt with instantly. I have noticed some good improvements with my [name] and they seem happy with their care.'

Working in partnership with others

- The registered manager and the staff team had a good working knowledge and relationship with other health and social care professionals involved in people's care.
- During our inspection, the registered manager and staff were open and honest, and receptive to any feedback we gave.