

# Emas Limited

# Oaklawn

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service effective?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 19 April 2017 and was announced.

Oaklawn provides a care home service without nursing to up to four older people with physical and learning disabilities; some are also living with the experience of dementia. The service is situated on the outskirts of Epsom, Surrey. At the time of our inspection two people lived here.

This was a focused inspection following the last inspection in August 2016. Despite being awarded an overall rating of 'Good' during the last inspection we found a breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This follow up inspection on 19 April 2017 was a focused inspection to check if the service was effective.

During this inspection we found Oaklawn to be working in line with the principles of the Mental Capacity Act 2005 (MCA). People were involved in the decision making process and when people lacked capacity best interest meetings had taken place.

There was a registered manager 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.

There was positive feedback about the home and caring nature of staff from relatives of the people who live here. A relative said, "It's like paradise here for my family member, the staff are amazing at providing care."

People had enough to eat and drink, and received support from staff where a need had been identified. Staff had a good understanding of specialist diets that people were on to ensure people could eat and drink safely, and still enjoy their meals.

People were supported to maintain good health as they had access to relevant healthcare professionals when they needed them.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service effective?

Good ●

The service was effective

The requirements of the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act. Where people's freedom was restricted to keep them safe the requirements of the Deprivation of Liberty Safeguards were met.

Staff said they felt supported by the manager, and had access to training to enable them to support the people that lived there.

People had enough to eat and drink and had specialist diets where a need had been identified.

People had good access to health care professionals for routine check-ups, or if they felt unwell. People's health was seen to improve as a result of the care and support they received.

# Oaklawn

## **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 19 April 2017 and was announced. The provider was given 2 hours' notice because the home is small and we needed to be sure someone would be available to meet with us. This inspection was carried out by one inspector who was experienced in care and support for people with Learning Difficulties.

As this was a focused inspection the provider was not asked to complete a Provider Information Return (PIR) before this inspection. 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.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We spoke with one person who lived at the home, and one relative. We spoke with two staff which included the registered manager (who was also the provider). We observed how staff cared for people, and worked together. We also reviewed care and other records within the home. These included two care plans and associated records, two medicine administration records, two staff recruitment files, and the records of quality assurance checks carried out by the staff.

# Is the service effective?

## Our findings

We looked to see if the service was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

During the previous inspection we found staff did not always follow the legal requirements in relation to the Mental Capacity Act 2005 (MCA). We found that where people's freedom had been restricted the appropriate referrals had not been made, to ensure these were safe, and in the person's best interest. This was a breach of Regulation 11 Health and Social Care Act (Regulated Activities) Regulations 2014.

During this inspection we found that at Oaklawn the requirements of the MCA were now being met. The registered manager had identified people who lacked capacity to make certain decisions and best interest meetings had now taken place. For example for the decision for them to stay at the home. This ensured that decisions made on the behalf of people who lacked capacity were made in line with the principles of the MCA. Staff also understood that this may also need to be completed for another person who lived at the home capacity diminished over time due to their health. This would ensure the requirements of the MCA would be met.

Some people's freedom had been restricted to keep them safe. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in registered homes are called the Deprivation of Liberty Safeguards (DoLS). When people lacked capacity to understand why they needed to be kept safe the registered manager had made DoLS applications to the relevant authorities. These applications reflected the specific restrictions in place. For example one person required constant supervision by staff due to their health care needs. At the time of this inspection these applications were being processed by the relevant authority.

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. A person nodded and smiled when we asked if they thought staff were well trained. A relative said, "Absolutely I think they are well trained. It's because the staff understand my family member, her gestures and her needs."

Staff had training to undertake their roles and responsibilities to care and support people. The induction process for new staff was robust to ensure they would have the skills to support people effectively. No new staff had joined the service since our previous inspection. The induction would include shadowing more experienced staff to find out about the people that they cared for and safe working practices. Ongoing training and refresher training was well managed, and the registered manager ensured staff kept up to date with current best practice.

Staff were effectively supported. Staff told us that they felt supported in their work. Staff told us they had regular one to one meetings (sometimes called supervisions) with the manager. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people.

People had enough to eat and drink to keep them healthy and had good quality, quantity and choice of food and drinks available to them. Breakfast was observed to be a quiet affair, with people given plenty of time and support by staff. Staff had friendly interaction with people during the meal and made it an interactive and positive experience for the person involved.

People were protected from the risk of dehydration and malnutrition. The level of risk to people had been identified within care records and fluid and food charts were in place to monitor what they ate and drank. People's weight was monitored to ensure that their nutritional intake was adequate to meet their needs and to remain healthy.

People's special dietary needs were met. A family member said, "We have seen the food being prepared and staff tell us about why it has to be presented in a particular way." People's preferences for food were identified in their support plans. Where a specific need had been identified, such as food presented in a particular way to aid swallowing this was done. Staff were able to tell us about people's diets and preferences, and we observed food being given to people in a format that met the information in the care plan.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy.

People received support to keep them healthy. A relative said, "Yes, my family member gets to see the dentist and people like that when she needs." Each person had a health action plan in place. This detailed when they had check-ups, and how often these should be done. Where people's health had changed, such as changes in mobility or swallowing, appropriate referrals were made to specialists to help them get better or to enable staff to give effective care to meet the newly identified need. People's health was seen to improve due to the effective care given by staff, for example overcoming colds and flu.