

Mrs Jane Gilmour

Oakley Care Home

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

The inspection took place on 27 October 2015 and was announced. We gave the provider 24 hours notice to ensure people would be available.

At the last inspection on 19 June 2014 the service was meeting the requirements of the regulations that were inspected at that time.

Oakley Care Home in Heysham supports up to three people with mental health needs. It is a mid terraced house with comfortable communal areas and single

bedroom accommodation. The home is located close to transport, local facilities and the beach. At the time of our inspection visit there were two people who lived at the home.

A registered manager was in place who was also the provider. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Summary of findings

This service was operated as a family home and both people who lived there had done so for many years as part of the family unit. One person who lived at the home said, "It is my home and family."

The registered provider with part time support from a family member provided care and guidance for both people who lived at the home. The service did not employ full time staff. Both people who lived at the home were independent and could attend to their own care needs with minimum support from the provider.

Suitable arrangements were in place to protect people from abuse and unsafe care. Both people told us they felt safe.

We looked at the care records for both people. There was information in place about the support needs for each person and how these were being met. Both persons were having their healthcare needs met. They told us they had access to their doctor's and dentist when they needed to see them.

The home was well maintained and clean and hygienic when we visited. The people we spoke with said they were happy with the standard of accommodation provided.

Medicines were administered as prescribed and at the times required. People at the service administered their own medication. The provider gave guidance and prompting support when required.

The service was meeting the requirements of the Mental Capacity Act (2005) and the associated Deprivation of Liberty Safeguards.

People who lived at the home had freedom of movement around the building. They were involved in decision making about their lifestyle, meals and the running of the home. We saw no restrictions on people's liberty during our visit.

People had a choice of meals, snacks and drinks, which they told us they enjoyed. There was flexibility in what people might want to eat. People prepared their own snacks and breakfast and enjoyed main meals with the provider.

The provider and their relative were familiar with what support and care people needed. People were supported to lead full and varied lives and the provider supported them to engage in a wide variety of activities. For example, going out into the community independently and engaging with family. One person who lived at the home said, "I went out to meet my friend and have a coffee we do it regularly."

There was no formal internal quality assurance in place but informal checks were made routinely. Everyone talked together daily to discuss any plans or changes. Decisions were made as a family group.

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.

Procedures were in place to protect people from abuse and unsafe care.

Assessments were undertaken to identify risks to people who lived in the home. Management plans were in place to manage risk.

People were protected against the risks associated with unsafe use and management of medicines.

Good



Is the service effective?

The service was effective.

Suitable support arrangements were in place to ensure people were supported to be as independent as possible.

People had access to healthcare professionals.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered provider was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS) and had knowledge of the process to follow.

People's healthcare needs were monitored and reviewed to ensure support and care for people was maintained.

Good



Is the service caring?

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

People were satisfied with the support and care they received.

People were supported to express their views and wishes about all aspects of life in the home.

Good



Is the service responsive?

The service was responsive.

People had choice and participated in a range of activities in the home and within the community.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on.

Good



Is the service well-led?

The service was well led.

There were informal quality assurance systems in place to monitor the quality of the service.

Good



Summary of findings

The views of the people who lived at the home were sought on a regular basis informally and changes made when required. This was to ensure the service continued to develop.

Oakley Care Home

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 checked 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 27 October 2015 and was announced. We gave the provider 24 hours notice to ensure people would be available.

The inspection was undertaken by an adult social care inspector.

Before our inspection visit we reviewed the information we held on the service. This included notifications we had received from the registered provider, about incidents that

affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered provider, a relative of the provider who worked part time at the service, two relatives and two people who lived in the home. We also spoke with the commissioning department at the local authority. Following the inspection visit we also spoke with social workers who visit the home on a regular basis. This helped us to gain a balanced overview of what people experienced accessing the service.

We looked at the care records of two people, arrangements in place for meal preparation and records relating to the management of the home.

Is the service safe?

Our findings

We spoke with both who lived at the home. They told us they felt like the home was safe and they were part of the provider's family. Comments from the two people who lived at the home included, "Yes I feel safe and sound here." Also, "I go out on my home and know [provider] looks after us well and keeps us safe."

Both people lived as part of the provider's family who was their main carer. We saw a person enjoyed the company of the provider. There was good communication between them. A relative we spoke with said, "[provider] is part of our family and ensures the safety of [relative]."

There had been no safeguarding alerts made to the local authority or referred to the Care Quality Commission (CQC) about poor care or abusive practices when we undertook this inspection. One person who lived at the home told us they were safe and well and had no concerns about their care. Discussion with the provider confirmed she was aware of the local authorities safeguarding procedures and these would be followed if required.

The provider supported people to take day to day risks while keeping them safe. We saw care plans contained risk assessments which were specific to the needs of the individual. For example risk assessments had been devised with social workers regarding their safety in the community due to their vulnerability. The provider said, "They love going out especially [person who lived at the home] we just have to ensure their safety when they do."

There were no full time staff employed in the service. However the provider was available at all times to support people. During times when the provider was away their

relative who was an ex nurse moved into the service to support the people who lived at the home. They had suitable recruitment checks and many years' experience previously living and supporting people who lived at the home. They had the necessary skills and competencies to support people who lived at the home.

The provider had a record of checks she had completed for her relative to ensure they were suitable to work at the home. For example we found a Disclosure and Barring Service check (DBS) had been completed. These checks were required to identify if people had a criminal record and were safe to work with people.

We looked around the building and found it was clean, tidy and well-maintained. We found equipment in use had being serviced and maintained as required. Records were available confirming gas appliances and electrical facilities complied with statutory requirements and were safe for use.

The service had procedures in place to record accidents and incidents. When we undertook this inspection visit there had been no accidents or incidents recorded.

People who lived at the home managed their own medication with prompting by the provider to ensure they took their medicines at the right times. The local pharmacist delivered any medicines required for the people who lived at the home. The provider said, "They both managed their own medicines very well and keep them in their room. " We spoke with the relative who supported the provider to care for both people, she said, "I am an ex nurse so I understand medication. However both people are quite capable to control their own medicines which they do really well."

Is the service effective?

Our findings

The two people who lived at the home had done so for a number of years. They received effective care because they were supported by people who had a good understanding of their needs. We were able to establish through our observations and discussions they were receiving effective, safe and appropriate care which was meeting their needs and protected their rights. The provider said, "Both have been here over many years. We are one family and know each other very well." A person who lived at the home said, "I feel so much better and cared for."

We spoke with the provider and the person who supports her part time to establish their understanding of the needs of people in their care. We found they both were able to describe the individual needs and support that each person required. Observations throughout the inspection visit confirmed both people were happy with the care and support they received.

We spoke with the provider about training. The person who supported the provider was an ex nurse and had a good knowledge of caring for people. Both had a good knowledge of caring for people in care. For example one was an ex nurse and they had previously completed for example safeguarding training and first aid.

One person we spoke with told us they enjoyed the food that was provided. They said they received varied, nutritious meals and always had plenty to eat. For example for lunch on the day of our visit the provider had made home cooked vegetable soup with crusty bread. One person was in at lunchtime and the provider sat down and they both had lunch together. It was a relaxed atmosphere and both chatted about the day.

The service did not work to a set menu and people were asked daily about meals and choices available to them for the day. For example for the main meal it was gammon. One person who lived at the home told us they were provided with a choice of meal each day.

We observed people had unrestricted access to the kitchen where the drinks were prepared for them or they made themselves a drink or snack. The provider informed us both people get up on their own and make breakfast and drinks for themselves. This was confirmed when we spoke with people who lived at the home. We observed during the day the provider asked the person who was in at the time if they would like a drink and biscuits.

We looked in the kitchen and found it to be clean and with plenty of food stocks available. There was also evidence of fresh fruit and vegetables made available. The service had received a '5 star' rating for their kitchen area from the local environmental health department.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The provider understood the requirements of the Mental Capacity Act (2005) (MCA and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions. We did not see any restrictive practices during our inspection visit. Both people who lived at the home were very independent.

Both people's healthcare needs were carefully monitored and discussed with them as part of the care planning process. Care records seen confirmed visits to and from health professionals. For example, General Practitioners and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been.

Is the service caring?

Our findings

During the day we observed interactions between the provider and people who lived at the home. We saw the provider was caring, attentive and respectful. We spoke with one person who lived at the home and relatives about the support and care. They told us they were very happy and couldn't receive better care anywhere. One person who lived at the home said, "Yes I feel cared for and know they look after me well." A relative we spoke with said, "They are so kind and caring we feel lucky [relative] is placed there."

Throughout the inspection visit we saw both people had freedom of movement around the building and were able to make decisions for themselves. We observed the routines within the home were relaxed and arranged around both people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge area. For example one person told us they had just returned from a walk and now wanted to watch the television in the lounge. The provider said, "They come and go as they please, the day is arranged around them."

We looked at care records of both people. They had been involved with developing their care plans. Both people told us they were encouraged to express their views about how their care and support was delivered. Relatives told us they had input in their relatives care needs to ensure the service had as much information as possible.

We spent some time observing interactions between the provider and people who lived at the home. The provider was respectful and spoke to people with consideration. We observed they were caring in their attitude towards people. We saw relationships between people were relaxed and friendly and there were easy conversations about the plans for the day. A relative told us they thought the way the service included people as part of a family group was caring and thoughtful.

Although only two people were in the building at the time of the visit the provider always knocked on the doors before entering. They engaged people in conversation addressing them by their preferred term of address. The provider said, "I know they are not in the rooms but it is habit and polite to knock."

Prior to this inspection visit we received information from care professionals and commissioners from the local authority. They had involvement and an interest in the wellbeing of people who lived at the home. The feedback from them about the care being provided was positive. They told us they were confident of the quality of care and support people received and had no concerns.

The provider had information available of local advocacy. The provider also told us the social workers who visit had advised people about advocacy services and what support could be available if they chose to use them.

Is the service responsive?

Our findings

We spoke with one person who lived at home and briefly with the other person. They told us they felt both the provider and family member were responsive to their needs and offered them choice in all aspects of their support and independence. One person said, "I enjoy going out to meet my friend. I go out on my own and tell [provider] when I will be back."

The service focussed on the importance of supporting people to develop and maintain their independence. We confirmed this by our observations and talking with one person who lived at the home and relatives. One person told us they were encouraged to pursue personal interests and had no restrictions placed upon them with their daily routines. When we visited the home one person had gone out to see a friend and the other to have a coffee with a friend at a local café. We spoke with one person when they returned who said, "I went out to meet my friend and have a coffee we do it regularly."

Both people were independent and lived their own lives. For example they went out with friends on a regular basis. We spoke with one person about activities. They told they like to do go out often, sometimes walk with the provider around Morecambe canal and also go shopping. For example the provider had accompanied one person to the local supermarket to buy some clothes which was his choice. We spoke with the person who said, "I like the clothes at the supermarket. It's better than the market."

One person visited their family every other weekend and stayed overnight. We spoke with the person's parent who said, "It is part of the routine we sorted out its lovely. [Provider] is so supportive and always willing to help out if

there are any problems." One of the people who lived at the home had an interest in typewriters and recently typed a letter for the provider. They said, "Not so much computers but I do like to use my typewriter now and then."

We looked at the care records of both people to see if their needs had been assessed and consistently met. We found each person had a care plan which detailed the support they required. The care plan was person centred and had been developed with each person identifying what support they required and how they would like this to be provided. Social services visited regularly and updated any issues that had arisen. We spoke with a social worker who told us the provider was responsive to any issues or problems that occurred. They told us they were in regular contact with the provider should they wish to discuss anything.

In addition to care plans each person who lived at the home had daily records. They were used to record what they had been doing and any observations about their physical or emotional wellbeing. For example recorded when social workers would be visiting. The provider said, "We keep a record of appointments and what they have been doing."

The provider informed us there had been no complaints received. However they would investigate any concerns or issues people may have. They would be acted upon straight away before they became a complaint. The provider told us they had not received any complaints. People told us they were happy and had no issues with their care.

We spoke with relatives about complaints. They told us they knew the process to follow should they wish to complain. One relative said, "No never had to complain they are both really good with [Relative]. She is very happy there and so are we."

Is the service well-led?

Our findings

Both people were involved in decision making about the running of the home and their own lifestyles. It was evident that people were treated as part of the family. One person said, "It is my home and family." Also, "Christmas was nice all together. We will do it again."

It was clear by talking with people and interactions between the provider and people who lived at the home they were comfortable and relaxed at Oakley care home. One person said, "Yes I love it here." A relative said, "We are so happy with the support they give our [relative]. [The provider] lets us know if there are any changes in her health or care we need to know."

We spoke with the provider and family member about the people they were supporting. They said, "They are both very independent and make decisions themselves. We offer guidance and support when needed." People we spoke with told us the provider was available anytime and she was always around. One person who lived at the home said, "[Provider] is so nice so is [family member], nothing is too much trouble for them both."

There was a clear focus on what the service aimed to do for people. The emphasis shown by the provider to develop and maintain people's independence. It was important to the provider, people who lived there were supported to be as independent as possible and make decisions for themselves. This was reflected by our observations of interaction between the provider and people who lived at the home.

There was no formal internal quality assurance systems in place but informal checks were made

regularly. A relative we spoke with said, "They are both wonderful people. They always discuss the way they care for people and any improvements we feel might be useful." Decisions were made as a family group about holidays, the building, outings and meals. For example the updating of the bathroom was discussed with people who lived at the home. This meant people were given as much choice and control as possible into how the service was run for them. One person who lived at the home said, "I love the bathroom and walk in shower."

One person who lived at the home told us they were encouraged to express their views about any improvements or changes they would like to see made. However they were happy with the way the service was run.

The provider told us they had input from social workers who regularly visited the service to see the people who lived there. We contacted a social worker. They the care and support given by the provider and family member was of a high standard. The people were well cared for and supported to live an independent lifestyle.

This was a small family run home therefore the views of the people who lived at the home were discussed on a daily basis. The provider said, "We don't have resident meetings. Everything is talked about every day between us."