

Oakley House Ltd

# Oakley House Ltd

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Oakley House Ltd is a residential care home providing personal care for up to 11 people with a mental health diagnosis and a learning disability. At the time of the inspection there were nine people living at the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

#### Right Care:

The model of support did not always promote maximum choice and independence. The ethos, attitudes and behaviours of managers and staff did not always ensure that people lead confident inclusive and empowered lives.

#### Right Support:

The provider could not show how they met some of the principles of Right support, right care, right culture. This meant we could not be assured that people who used the service were able to live as full a life as possible and achieve the best possible outcomes.

#### Right culture:

Although people told us they felt safe and were happy living at Oakley House, the provider did not focus on people's quality of life, and care delivery was not person centred. Staff did not always recognise how to promote people's rights, choice or independence.

People received their medicines as prescribed and staff supported them to manage their treatment by arranging blood tests and healthcare appointments. However, improvements were required around the guidance for staff for when some medicines were required. The provider was also not following the guidance required when visitors were attending the service.

Risk associated with people's care was managed well by staff. People told us they felt safe at the service and staff ensured they were protected from the risk of abuse and neglect. 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 this practice. Staff received appropriate training in relation to their role and were encouraged to progress.

People enjoyed the meals at the service and where they were at risk nutritionally staff supported them with this. Staff ensured that people were supported with their ongoing health.

#### Rating at last inspection

The last rating for this service was Good (published 11 March 2020).

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture. We had also received concerns that related to whether people were protected from the risk of abuse.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Good to Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oakley House Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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?

**Requires Improvement** ●

The service was not always 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 well-led?

**Requires Improvement** ●

The service was not always well led.

Details are in our well led findings below.

# Oakley House Ltd

## 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Our inspection was completed by two inspectors including a member of the medicines team and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Oakley House Ltd 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 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

This inspection was unannounced.

#### 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 completed 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 five people who used the service about their experience of the care provided. We observed care and interaction between people and staff. We spoke with six members of staff including the registered manager, provider and care staff.

We reviewed a range of records including three care plans, daily care notes, nine people's medication records, safeguarding records and incident and accidents. We also reviewed three staff recruitment files.

#### After the inspection

We reviewed a variety of records relating to the management of the service including audits and policies.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People received their medicines as prescribed and staff supported them to manage their treatment by arranging blood tests and healthcare appointments. Staff were trained and assessed as competent to manage medicines and were knowledgeable about people's needs.
- There were people prescribed medicines to be taken as required. Staff showed a good understanding of when these may be needed, but this was not always supported with information with the medicines' records. We saw that changes in people's medicines when they had returned from hospital or appointments were made so that people received the appropriate medicine and dose.
- During the medicines round we observed that when the member of staff took medicines to a person, they left the keys in the unattended trolley. This was discussed with the member of staff who assured us they would lock the trolley when unattended.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person told us, "I have never felt threatened." Another told us, "No one has ever tried to hit me. No one has been aggressive towards me."
- Prior to the inspection we were made aware of a safeguarding allegation which related to how the registered manager had responded to a person during an incident. The provider fully investigated the incident and whilst the person came to no harm, they acknowledged the registered manager should not have responded in this way. The registered manager also acknowledged some learning from this incident and was receiving updated safeguarding training.
- Staff received safeguarding training and there was a whistleblowing policy that staff could access. Staff told us that they would not hesitate to raise concerns. One told us, "I would report and discuss with the manager and write it down." They told us, "Staff treat people well."
- We saw where there were any concerns raised the registered manager would refer this to the Local Authority and undertake a full investigation.

### Staffing and recruitment

- People told us that there were enough staff to support them. One person said when they needed a member of staff, "I don't have to wait long."
- We observed that staff attended to people's care when needed. Staff were busy during the inspection and the provider told us they had recently had to start recruiting for a cleaner. In the meantime, care staff were having to take this additional role on.
- The registered manager told us at night there was only one member of staff for nine people. Staff raised

with us they felt this was unsafe due to the behaviours and health of people. One told us, "I have mentioned staff levels. There are times when its calm and it's ok, but we could do with two at night. [Person] has been seriously ill. When you have [person] screaming and shouting and staff need to do medicines." We spoke to the provider and registered manager about this who told us they would review the staff levels at night. After the inspection the provider confirmed they will have a member of staff on call to attend the service in an emergency.

- The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

### Preventing and controlling infections

- We were not always assured that the provider was preventing all visitors from catching and spreading infections. Although we were requested to provide evidence of a negative lateral flow test, we were not asked whether we had been vaccinated. The provider told us they would ensure this was now in place.
- We were assured that the provider's infection prevention and control policy was up to date. The policy did not include actions to be taken when visitors came to the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

### Assessing risk, safety monitoring and management

- Assessments were undertaken to identify risks to people and protect them from harm. These included the risks related to people's mental health diagnosis. One person told us, "I can off load to [member of staff]. She can bring me down when I get uptight. She was a safety valve from day one."
- Staff were knowledgeable around people's risks including moving and handling and epilepsy. One member of staff said, "[Person] has epilepsy. When I see her, I make sure there are no areas to hurt herself. I time the seizure and ask for help. Keep her in a safe position. She is on medication for it." This matched the guidance in the person's risk assessment.
- Risk assessments provided guidance to staff about the risk, action to take to minimise the risk and how to support people. For example, there were people that required support when walking outside. One person told us, "I had to have staff with me as I have the shakes and need the help of staff."
- There were Personal Emergency Evacuation Plans in place for people with details around how they needed to be supported in the event of an emergency. Whilst the provider was recruiting for a member of staff at night, they themselves were on call for any emergencies. Regular fire safety checks took place at the service and any shortfalls identified were rectified immediately.

### Learning lessons when things go wrong

- Where accidents and incidents occurred, staff responded appropriately to reduce further risks. This included where people had incidents of behaviours or where people had fallen. Where behaviours had been reviewed, care plans were updated with guidance for staff on how best to support the person.
- All accidents and incidents were reviewed by the registered manager to look for trends. Actions were then



taken to reduce the risk of incidents occurring. For example, one person had an incident with a cigarette whilst lighting a cigarette in their bedroom. The person had been asked to request support from staff when they wanted a cigarette and asked not to smoke in their room. The person had since stopped smoking with support from staff.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff completed a full induction before they started caring for people. The manager said of staff, "People will come and start working but will shadow other staff. They are shown fire procedures. We put them through their care certificate and then monitor their progress."
- Staff were provided with training that was specific to their role however staff did feedback they would like more detailed training around mental health. One member of staff told us, "Training on specific diagnoses would be helpful." The manager told us, "Mental health training, I have definitely requested, and I know [provider] is working on that. I just think it gives you more of an insight into their mental health. The provider confirmed that this was being arranged."
- The manager undertook supervisions with staff to assess their performance and to provide support. One member of staff said, "The manager gives us a lot of support. They try their best to support us."

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

- People told us they liked the food at the service. Comments included, "The food is good, [staff name] makes good pasta" and "The food is lovely." They told us they did not like the meal being served that day, but a member of staff was making them something different.
- During lunch where people required support to eat their meal this was given. People were asked what drinks they wanted. There were choices of meals and if a person did not like what was on the menu an alternative was offered.
- Staff were aware of people that were nutritionally at risk and took steps to address this. For example, there were people being supported with healthy eating due to weight gain that was impacting their health.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People fed back they had access to health care when needed. One told us, "The manager got onto the psychiatrist straight away to get someone to see me and now I'm much calmer"
- People had regular appointments with mental health teams [CMHT] and were referred appropriately when staff were concerned, including highlighting possible side effects to medicines. Changes in medication initiated at these appointments were acted on and reported back to healthcare professionals. One person had medicines administered by CMHT and one had regular blood tests to manage this.
- Staff kept records of all healthcare appointments, discharges, visits and interactions. We checked one person's records who had recently been discharged from hospital and saw that the appropriate medication changes had been done and their care plan reviewed.

- There was a handover at each shift change where staff shared information to ensure changes in needs were highlighted, or to confirm care had been given as required.
- People said they were involved in a review of their care needs. Prior to moving into the service an assessment was completed for people to ensure that the service was appropriate for them. Information obtained included the person's diagnosis, their medical history, how they communicated and their care needs. This was then incorporated into care plans with guidance for staff on how best to support people.

#### 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People told us staff asked for their consent before they delivered any care. Staff were aware of the principles of MCA. One member of staff told us, "If you have capacity you have a choice to do things. If not, then we need to consider what is in their best interest."
- Where people's capacity was in doubt MCA capacity assessments were completed and these were specific to the particular decisions that needed to be made. For example, in relation to receiving care and medicines.
- We also saw applications that had been submitted to the local authority where the registered manager believed that people's liberties may be restricted.

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

- There were various lounge areas for people to sit and enjoy more quiet environments if this was their preference. Bathrooms had been adapted to include baths with a built-in seat, shallow baths and walk-in showers.
- The corridors were wide and clutter free which enabled people with walking aids to move around the service independently.
- People's rooms were personalised with their own furniture, pictures and ornaments. There were signs on bedroom doors and communal doors including the bathroom and toilets to help orientate people.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has changed to Requires Improvement. This meant the service management and leadership was not always consistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There were areas around the quality assurance that were not always effective in identifying shortfalls. The registered manager audited the medicines processes monthly. This audit showed good practice and some areas for minor improvements which had been put into practice. However, they did not highlight some areas of improvement which we noted on inspection. Records for medicines given to people that were prescribed 'as required' were not complete and did not reference the interventions that should be attempted before medicines were given that staff could describe to us.
- Although there was a separate record of health professional visits we found medications administered to people from other health care providers were not added to the MARS. The registered manager told us they would address both the PRN records and recording healthcare professionals visits immediately.
- There was a lack of understanding by the provider and the registered manager of the COVID-19 government guidance around visitors attending the service. They had not updated their policy to include the guidance and the inspection were not asked for evidence of our vaccinations as required.
- Although people fed back they were well cared for, the provider had not always ensured that people were supported with their independent skills. There was a culture of staff undertaking all care for people including preparing meals and drinks and this was confirmed with people we spoke with. The provider acknowledged to us that more work could be undertaken to empower people to take on these roles. They told us they would often suggest that people might want to do more things for themselves but said they needed to find ways to motivate people more.
- A person with a learning disability had recently moved to the service and consideration had been given as to whether the house or the area it was in was suitable for them. We asked the provider and registered manager to describe how they were meeting the Right Support, Right Care, Right Culture guidance in relation to the support provided to people with a learning disability. They told us they were not aware of this and lacked an understanding of the guidance which states all people with a learning disability are as entitled to live an ordinary life as any other citizen. The provider told us they would review this guidance.
- Although we have identified areas that required improvement this we found no evidence this was having a direct impact on people living at the service.

We recommend the provider reviews appropriate national guidance in relation the care provision for people.

- Other audits were carried out such as care plan audits, infection control and health and safety and shortfalls discussed with staff. Aside from some information relating to the management of medicines the records that were kept at the service were comprehensive, well ordered and easy to navigate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were given opportunities to talk about things they would like at the service through residents' meetings, surveys and key worker meetings. One person said, "We just chat to see what we're getting up to." Another said, "Staff talk about anything that might be coming up such as if an outing is being planned."
- Staff had the opportunity to contribute positively to the day to day running of the home and had regular meetings and surveys. One member of staff said, "Meetings are useful for voicing your concerns. We all have to stick together. We speak openly."
- Staff and the registered manager told us that they felt listened to and valued. One member of staff said, "I feel I could go to [registered manager] and [provider]. [Registered manager] is[working] on the floor. I can come to her. I am not worried about saying the wrong thing. She is firm but fair and treats us respectfully." The registered manager told us, "I think it is very beneficial that [provider] gets involved. I think they go through my files and has a look through stuff. Will discuss with me only if there is an issue or concern."
- Surveys were sent to stakeholders and relatives to gain their views. Where feedback on improvements was given the provider took steps to address this. For example, one relative had fed back they would like more updates about their family member. The provider put this into place.

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; Working in partnership with others

- We saw from care plans that relatives had been contacted where there had been an incident with their family member. The registered manager told us, "If something happens to the residents, we will discuss with families and put an action plan in place."
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.
- The provider and manager worked with external organisations including the clinical commission group and local authorities with a view to making improvements to care being delivered.