Lingap Limited

Oakwood House

Inspection report

Oakwood House
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Date of inspection visit:
15 September 2017

Date of publication:
16 November 2017

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

We carried out an unannounced inspection of this service on the 15 September 2017.

Oakwood House provides personal care and support for younger adults with a learning disability or autistic spectrum disorder. The home is a converted, detached period home with a ground and first floor with stair access. Each person has their own bedroom with shared bathroom facilities. There is a communal lounge, kitchen/dining area, conservatory and sensory room for people to enjoy. There was a large, mature secure garden to the rear of the property and a driveway and grassed area to the front of the home. At the time of our inspection there were 3 people living at Oakwood House.

There was a registered manager in place. 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.

Incidents, accidents and safeguarding investigations were dealt with fully by the registered manager.

People were protected from potential abuse and avoidable harm by staff who knew them well and had completed the required safeguarding training to keep people safe. Staff gave good examples of how they would report any concerns and knew about the provider whistleblowing policy.

The provider followed safe recruitment practices which ensured that staff employed by the service had passed the relevant checks and referencing required ensuring they were suitable to work with people living at the home.

New staff completed a thorough induction programme and were provided with ongoing support from the management team. There was enough staff employed to keep people safe.

Medicines were stored, administered and disposed of appropriately and medication audits were undertaken by the registered manager. Medicine administration records (MAR) were kept up-to-date.

Staff gave good examples of seeking consent when providing personal care and support and had a good knowledge of the Mental Capacity Act (2005) and how to apply this in everyday practice. Deprivation of Liberty Safeguards (DoLS) applications had been completed appropriately.

Individualised risk assessments were in place to identify and provide mitigation for staff in managing any risks associated with people's health and well-being.

The provider supported staff with regular supervision and annual appraisal.

Staff were up- to-date with mandatory training enabling them to carry out their roles effectively.

People were supported to maintain a healthy, balanced diet and were encouraged and supported to access external health care professionals when required.

People had developed a good rapport with staff who knew them well. We observed positive, caring interactions between staff and people living at Oakwood House.

People's choice and individuality was respected and staff gave good examples of how they protected people's dignity and privacy and encouraged their independence.

Support plans were detailed, personalised and included all the required information for staff to be able to support people in accordance with their needs and preferences.

There was a complaints procedure in place, although the service had not received any complaints since their registration.

Oakwood House was a welcoming and calm home where a culture of openness and transparency had been promoted by the registered manager and provider.

The registered manager had management systems and quality audits in place to manage the safety and quality of service provision. The manager sought feedback from staff, relatives and external health and social care professionals.

Regular staff meetings were held enabling the sharing of best practice and to encourage staff to voice any issues that they wished to discuss.

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.

Staff gave good examples of how to protect people from potential abuse and avoidable harm.

There were enough people employed to keep people safe.

Risk assessments were in place to identify and mitigate risks to people's health and well-being.

The provider followed safe recruitment practices to ensure that staff who were employed were suitable to work in a care setting.

Is the service effective?

Good

The service was effective.

The service provided staff with ongoing mandatory training for which all staff were up-to-date.

People were encouraged to maintain a healthy, balanced diet.

People were encouraged and supported to access appropriate external health and social care professionals when required.

DoLS applications had been completed appropriately and staff demonstrated a good knowledge of the Mental Capacity Act (2005) and how to apply this in everyday practice.

Is the service caring?

Good

The service was caring.

Staff had developed warm, caring relationships with people living at the home.

Staff gave good examples of how they protected people's privacy and dignity while supporting them with personal care.

People were encouraged to maintain relationships that were important to them and the home operated an open door policy

where relatives were free to visit people when they wished.

People's independence was promoted wherever possible.

Is the service responsive?

Good

The service was responsive.

Support plans were detailed and personalised. Support was provided in accordance with people's needs and preferences.

There was a complaints procedure in place although the service had not received any complaints since their registration.

People were supported to engage in activities of their choosing within the local community.

Is the service well-led?

Good

The service was well-led.

The culture of the home was open and transparent which had been promoted by the registered manager and provider.

The registered manager had developed management systems and quality audits to maintain and improve the safety and quality of service provision.

Feedback had been sought from staff and relatives to contribute towards service improvement.

Oakwood House

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 15 September 2017. It was an unannounced inspection. The inspection team consisted of one inspector. This was the first inspection of the service since their registration.

Before our inspection we reviewed the information we held about the home. We reviewed notifications of incidents the registered provider had sent to us prior to the inspection. A notification is information about important events which the service is required to send us by law. Prior to the inspection, the provider completed a provider information return. 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.

During the inspection we observed care and support being delivered by staff within the communal areas of the service. People who lived at Oakwood House were not able to verbally express their views about the care and support they received.

We spoke with four members of staff including; the registered manager and support workers. We spoke with one relative and one external health care professional during our inspection.

We reviewed three support plans during our visit and a range of records relating to the management of the service. These included; complaints and compliments, accidents and incidents, quality assurance documents and a selection of policies and procedures. We also looked at recruitment, training and supervision records for four staff members.

Good

Is the service safe?

Our findings

A relative told us that their loved one was safe living at Oakwood House. They told us, "I feel that [relative] is safe here, I know [relative] feels safe and secure here." A health care professional told us, "Without a doubt, people living there [Oakwood House] are safe." We observed people being safely cared for by their support workers.

Members of staff demonstrated a good knowledge of how to recognise signs of potential abuse and avoidable harm. They knew how to protect the people they supported and confirmed appropriate actions that would be taken to report any safeguarding concerns they had. One member of staff said, "I would go straight to my line manager and if it were them that I had concerns about I would whistle blow." Staff told us they would liaise with external safeguarding agencies if required, but felt confident that the registered manger or the provider would be able to deal with any areas of concern effectively, within suitable time constraints. The provider supported staff in maintaining their safeguarding knowledge by providing annual mandatory training for all staff to complete. During inspection, we observed that the registered manager had reported any safeguarding matters, incidents or accidents to the relevant local authority team, although the Care Quality Commission had not been notified of these.

Oakwood House followed safe recruitment practices. As part of our inspection we looked at staff recruitment files and noted each employee had valid photographic identification, a full work history without any unaccounted gaps in employment, suitable referencing and a disclosure and barring service check (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. These had all been completed satisfactorily.

Medicines were stored, administered and disposed of appropriately within the home. Where medicines required refrigeration, this was completed appropriately and the refrigerator temperatures were monitored daily in accordance with the manufacturer's guidelines. All other medication was stored within a locked medicine cabinet within the home and accessed by staff as and when medication was due to be administered to people. Staff who administered or prompted medicines were provided with initial training and then observed during competency assessments by the registered manager. During inspection we observed evidence of members of staff having completed their medicines training in accordance with the provider policy. Medicine administration records (MAR) were all completed fully, with no gaps in signatures to confirm the right medicines had been given to people at the right time. The MAR charts had been audited weekly by the registered manager to ensure no errors had been made. When medicines were no longer required, the service arranged for the local pharmacy to collect the medicines for disposal.

Risk assessments related to people's health and well-being had been completed for each person living at Oakwood House. The assessments were undertaken to identify and provide a specific set of guidance for staff to keep people and themselves safe. When a risk assessment had been completed, there was a 'read and sign' sheet attached to the support plan for all staff to sign to acknowledge that they had read the risk assessment. The manager would alert staff to the new documentation by recording it in the communications book which staff checked on a daily basis. We observed that where staff signatures were

required to demonstrate that they had read through new guidance for a person, they had all signed and we saw that staff had been initially alerted to changes from the communications book. When a risk had been identified, the guidance for staff within people's support plans was clear and well presented with evidence of reviews having been recorded as a person's needs had changed.

There were enough staff employed to keep people safe and members of staff told us that their workloads were manageable. The registered manager told us they were currently recruiting for two vacancies. During the day there were three support workers on duty and at night there were two. During each shift there was a senior member of staff working alongside the support workers acting as the line manager for that particular shift. The registered manager told us that they had a 'bank' of staff who could be called upon to fill any outstanding shifts or to cover for annual leave and sickness. The service did not use agency staff.

Good

Is the service effective?

Our findings

People living at Oakwood House were supported by staff who had received appropriate training to carry out their roles effectively. One relative said, "they know everything about [relative], they are well trained in how to support him with his health problems."

Staff were provided with an induction programme and initial training to support them in their roles. Once a member of staff had started work with the service, they were given an opportunity to work alongside an experienced colleague for several shifts to develop their skills and confidence when working on their own. All staff employed at Oakwood House were expected to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. The Care Certificate gives everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. The registered manager told us that staff would usually be expected to complete the Care Certificate within three months of commencing their role.

Annual mandatory refresher training was provided to ensure that staff maintained the skills and knowledge appropriate to carry out their roles effectively. This was mainly delivered through online e-learning courses via an external training provider. We observed that staff had all completed their mandatory training in subjects such as, health and safety, safeguarding adults and infection control. The provider had also arranged training for staff which was specific to the needs of the people living at the home. For example, health related training and conflict management. All staff had completed appropriate training to support them in their roles. One staff member said, " I felt apprehensive in managing [name] medical condition, but we had so much training around it, I feel absolutely fine with it now. I know exactly what I'm doing."

Staff were supported with regular supervision and an annual appraisal by the registered manager. Members of staff described an 'open door' policy where they could ask the registered manager for advice or guidance whenever they needed to. They did not feel that they had to wait until a formal supervision session was scheduled to discuss any areas of concern or ask for support. The registered manager said, "We all work very closely together, I am always available for staff to talk to if they need to."

The Mental Capacity Act 2005 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. We checked whether the service was working within the principles of the Act.

The registered manager was aware of the Mental Capacity Act 2005 and its associated Code of Practice. Staff received training in mental capacity, and were aware of the principles of the Act and how to implement these in everyday practice.

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). The provider had fully completed Deprivation of Liberty Safeguards (DoLS) applications and there was a system in place to ensure that when applications required renewal, this was achieved within a timely manner.

People living at Oakwood House were supported to maintain a balanced and healthy diet. Where people had specific dietary needs related to a health condition, these were managed well. Meals were prepared by the support workers and wherever possible, people were encouraged to engage in cooking tasks alongside members of staff. The home grew their own vegetables in the large, rear garden and people were encouraged to participate in the maintenance of this. Menus and weekly plans for meals that were to be prepared at the home were provided for people in pictorial format, to encourage people to make choices about what they might enjoy at mealtimes. The communal dining area was light and bright and sociable.

People were supported to access health and social care professionals as and when required. For example, staff would accompany people to hospital appointments or to see their GP or community nurses. The registered manager was vigilant regarding people's health and it was observed during inspection that a person who had felt unwell was being well supported.

Good

Is the service caring?

Our findings

People at Oakwood House were well cared for by staff who knew them well. One relative said, "it goes beyond just being a job to these people [staff] they really care and all I want is for my [relative] to be happy."

During our inspection we observed warm, kind and compassionate interactions between staff and people living at the home. There was a calm and homely atmosphere which was clearly beneficial to people living at Oakwood House, all of whom had complex needs. Support workers provided one to one support for people and it was evident that they knew people well. Staff spoke in an animated way about how they supported people and how they communicated with people they cared for who were not always able to verbally express their wishes. For example, a change in behaviour, a certain noise or expression that may indicate what a person was trying to tell them.

Staff gave good examples of how to protect people's privacy and dignity when supporting them, members of staff told us how they would knock on doors, close curtains and cover people while assisting them with personal care tasks. Members of staff promoted people's independence, by encouraging them to engage in elements of their personal care or household activities that they could manage for themselves, whilst ensuring that they were there for support if required.

People were encouraged to maintain relationships with people outside the home who were important to them. For example, there was an 'open door' policy for visitors who wished to come and spend time with people. One relative said, "I don't have to ring ahead to the home before I visit, I just ring the doorbell and they let me in. It's my [relatives] home and I want to visit whenever I want to and this is never a problem."

The service had received a number of compliments which were recorded in the compliments book. One compliment which had been sent from a community health team said, "Just to say thank you for the support and care that you have given to [name] over this challenging time and also continue to give. It is much appreciated."

Good

Is the service responsive?

Our findings

We observed that staff at Oakwood House were responsive to people's needs during our inspection. One relative said, "Everything is revolved around the person, it's like a home from home." A member of staff said, "It's all about the people who live here. We go with whatever they want to do."

People's support plans were based on the initial assessment undertaken by the registered manager and the funding authority. There was evidence that plans were reviewed as and when people's needs changed and in accordance with their preferences and wishes. Support plans were individualised and contained information such as, managing risks and support, all about me, my involvement and others, my support plan, who is in my life etc. Support plans gave staff a holistic view of the person they were supporting. Information was provided in pictorial format so that people were able to be as involved as possible in the planning of their care. Where people were not always able to contribute verbally to their care planning, relatives or advocates were included in contributing to people's care provision.

People were supported and encouraged to participate in meaningful activities within the local community and within the home in accordance with their individual preferences. Although people were not always able to verbally express their preference for an activity, the registered manager told us how staff understood what activity a person might like to engage in. For example, using gestures, facial expressions and different types of behaviours. One person enjoyed visiting a local eatery for fish and chips, while another person preferred to stay at home and paint.

Oakwood House was a warm and calm home. It was spacious and homely and people's bedrooms were personalised with their personal affects and decorated to their individual tastes. A relative said, "They told me that we could decorate [relatives] room however we wanted and encouraged me to bring in his personal things." There was a sensory room, 'The Cosy' which contained a smart board, music and lighting facilities for people to utilise. The registered manager told us how all the people living at Oakwood House enjoyed the outdoors and as a result the service was planning on decorating the sensory room into a beach themed room.

The service had a complaints policy in place. However, the registered manager told us that they had not received any complaints since their registration.

Good

Is the service well-led?

Our findings

We observed the management team to be very supportive of their staff. One member of staff said, "We've got a lovely management team, very helpful." Another member of staff said, "We are well looked after here, it's the best place I've worked." The registered manager and provider were very involved in the day to day running of the home and knew people and staff well.

The service investigated accidents, incidents and safeguarding matters and notified the appropriate external professionals.

Management systems and quality assurance processes were in place to assist the registered manager in maintaining the safety and overall quality of service provision. The registered manager sought feedback from staff and relatives by sending out annual questionnaires. The feedback was largely positive. Audits were in place to assess the overall safety of the service and these were effective. They covered areas such as, infection control and MAR chart completion. We saw evidence during inspection of where areas for improvement had been identified during audit and changes made as a result.

The registered manager and provider had developed an open and transparent culture within the home. One staff member said, "you can ask any question you like here, if you're stuck you'll always get help." The registered manager told us that as they were so involved in the day to day running of the home, they encouraged staff to raise any concerns or discuss any issues they had whenever they needed to. A new member of staff said, " I have been very well supported here, I couldn't ask for any more really."

The service held team meetings in which good practice was shared and any updates in relation to service provision were explained and discussed. Minutes of these meetings were observed during inspection.