

Oaklea House Limited

Mr R Jeffries t/a Oaklea
House Limited

Inspection report

Oaklea House
Stone Road
Tittensor, Stoke On Trent
Staffordshire
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Tel: 01782373236

Date of inspection visit:
09 February 2017

Date of publication:
28 March 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was unannounced and took place on 9 February 2017. The service was registered to provide accommodation for up to 12 people and at the time of our inspection, 10 people with learning disabilities were using the service.

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.

People were supported to make decisions about their care. However, when people were not able to make specific decisions about their support, the provider had not followed the guidance available to them. We have made a recommendation about working in accordance with the Mental Capacity Act.

People were safe receiving support from staff who had the knowledge and skills needed to protect them from harm and abuse. Risks to people were assessed and managed to keep them safe at home and in the community. There were enough staff available to meet people's needs and the provider had safe recruitment processes in place. People were supported to have their medicines safely and as prescribed.

Staff were equipped with the knowledge and skills to carry out their roles. People received food and drink that met their nutritional needs and were referred to other healthcare professionals to maintain their health and wellbeing.

People were supported by staff who were caring and kind. Staff understood how people communicated so they had control in their lives. Their independence was promoted and their dignity and privacy respected. Relationships were maintained and families were able to visit when they chose.

People were involved in the planning and reviewing of their support, and their care was individual to them. They were supported to take part in activities they enjoyed. People knew how to raise concerns and were encouraged to give feedback about the support they received.

There was a positive, open culture within the service. Staff felt supported by the management team and people found them approachable. People and staff were involved in making decisions about the service. The registered manager had systems in place to monitor the quality of the service and they used these to drive continuous improvement.

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.

People were safe receiving support from staff who had the knowledge and skills needed to protect them from harm and abuse. Risks to people were assessed and managed to keep them safe at home and in the community. There were enough staff available to meet people's needs and the provider had safe recruitment processes in place. People were supported to have their medicines safely and as prescribed.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

When people were not able to make specific decisions about their support, the provider had not followed the guidance available to them. Staff did support people to make decision about their care and involved people with this. Staff were equipped with the knowledge and skills to carry out their roles. People were supported to maintain a balanced diet and good physical health.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring and kind. Staff understood how people communicated so they had control in their lives. People's independence was promoted and their dignity and privacy respected. Relationships were maintained and families were able to visit when they chose.

Is the service responsive?

Good ●

The service was responsive.

People were involved in the planning and reviewing of their support, and their care was individual to them. People were supported to take part in activities they enjoyed. People knew how to raise concerns and were encouraged to give feedback about the support they received.

Is the service well-led?

Good 

The service was well led.

There was a positive, open culture within the service. Staff felt supported by the management team and people found them approachable. People and staff were involved in making decisions about the service. There was a registered manager in post who understood their responsibilities with us. There were systems in place to monitor and review the quality of the service and these were used to drive continuous improvement.

Mr R Jeffries t/a Oaklea House Limited

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. This inspection visit took place on 9 February 2017 and was unannounced. The inspection team consisted of one inspector.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to formulate our inspection plan.

We also had a provider information return (PIR) sent to us. A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. As part of our planning, we reviewed the information in the PIR.

We spoke with seven people who used the service, two relatives, four members of care staff, the assistant manager and the registered manager. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We looked at the care plans of two people to see if they were accurate and up to date. We reviewed two staff files to see how staff were recruited and checked the training records to see how staff were trained and supported to deliver care appropriate to meet each person's needs. We also looked at records that related to the management of the service including the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People were safe and protected from harm and abuse. One person told us, "The staff look after me and keep me safe." Another person said, "I don't like people being bullied; if I saw it I would tell the manager. I've not seen that here; it's such a lovely place." A third person commented, "If I feel sad I can talk to the manager, she will help." One relative told us, "The staff certainly keeps my relation safe, I have no concerns." Staff we spoke with understood about safeguarding and knew how to respond if there were any concerns. One staff member told us, "Because we know people, we would realise if there was something wrong. One person may be quiet or withdrawn; another person may actually tell us. But if I had any concerns at all, I would report it to the manager or a senior. I'd be confident to do this and know any concerns would be taken seriously." The registered manager told us how they would report any issues to the local authority if this were needed.

Risks to people's safety were managed and reviewed. Staff told us about situations that may have resulted in harm to people, and were aware of how to minimise these risks. One staff member said, "Some people can become upset, but we all know how to support them if this happens. We are aware of the triggers and signs to look out for." We saw that the information contained in people's care plans matched what staff told us. People had various risk assessments in place. For example, when concerns had been raised about an individual's safety when out in the community, we saw the occupational therapist had been involved to complete a skills assessment. This had then led to the person's support being amended so they were able to continue to access the community safely. We saw that people were involved with these decisions and their skills were taken into account. People had personal evacuation plans in place that detailed how they should be supported in case of emergencies, such as fire. The registered manager told us how they completed fire evacuation drills with the people who used the service to ensure they knew what to do in these situations.

There were enough staff available to meet people's needs and keep them safe. One person told us, "I know that if I need some help the staff will be there for me. They are always here if needed." Another person said, "I've got an alarm in my room, and if I need something I just press it and the staff come up to see what's wrong. They come to me quickly." One staff member commented, "There are always enough staff here, it's never a problem." We saw that the registered manager calculated the staffing levels required on the needs of each individual person rather than on the numbers of people living there.

We checked to see how new staff were recruited. One staff member told us, "I had to wait for all my references to come through as well as a DBS check." The disclosure and barring service (DBS) checks help providers make safer recruitment decisions and prevent unsuitable candidates from working with people. The recruitment records we looked at showed that pre-employment checks were carried out before staff were able to start work. This demonstrated the provider had safe recruitment processes in place.

People were supported to have their medicines safely and as prescribed. One person told us, "I take my medicines every day. The staff help me with that. I know I have different coloured ones. I'm happy with the staff doing this as I know I would get muddled up. My tablets keep me well. I was terrible before but I'm better now." Some people did not need to take their medicines every day. One staff member said, "There are

some people who need to take medicines as required because they get anxious. We only use this as a last resort and can usually sort things out with talking or trying a different approach with them, rather than tablets." We saw that when people had medicines as required, rather than every day, there was a protocol for staff to follow which matched what the staff had told us. Staff told us they were only able to support people with their medicines if they had been trained to do this. Medicines were stored safely so that only authorised people could have access to them, and people's medicine administration records were completed and up to date.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to make particular decisions, any made on their behalf must be in their best interests and 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. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions are authorisations to deprive a person of their liberty were being met.

We were told that some people who used the service were not able to make decisions about their care. One staff member told us, "Most of the people here can make decisions about their support, but some people don't understand. We need to make decisions for them according to what would be best." We saw that they had monitoring equipment in place that would alert staff when they needed assistance. We were told that they did not understand that this equipment was in place and what it was used for. The provider had not completed a capacity assessment in relation to this decision, and had not evidenced why the use of this equipment would be in their best interests. This meant that the MCA guidance was not always being followed.

We recommend that the provider should identify the people who were not able to consent to specific aspects of their care and support. And following this, they should complete the necessary capacity assessments and evidence why receiving support in a certain way was in their best interests.

Some people were able to make decisions about their care and support. One person said, "The staff ask me what I want to do, and then help me if I need it." We saw that when able to people had signed their care plans indicating that they agreed to the support they received. Staff supported people to make decisions. One staff member said, "Most people are able to make their own decisions, but we may need to help them with this; we show familiar items to help some people understand. It's important that people can have as much say in their lives as possible." We saw that when people were being restricted, this was authorised legally and the necessary applications had been made.

People were supported by staff who had the knowledge and skills needed to carry out their roles. One person said, "All the staff know me and what I need help with." One relative told us, "The staff know how to support my relation and know them well. They are aware of how to communicate so that my relation can cope with things." Another relative commented, "The staff certainly have the knowledge and skills they need."

Staff received an induction when they started working at the home. One staff member told us, "I had a weeks training when I started which covered all the important areas like safeguarding, medicines and first aid. Everything I needed to do the job." Another staff member said, "I spent time shadowing and working

alongside the other staff at first. This gave me time to get to know the people and them to know me. Once I felt confident and competent, I could support people on my own. I learnt a lot about how people communicated and all about them." The registered manager told us that all the staff had worked through the national Care Certificate. The Care Certificate has been introduced to help care workers develop and demonstrate key skills, knowledge, values and behaviours that should enable them to provide people with safe, effective, compassionate and high quality care. The registered manager said, "We have used this as part of the staffs overall training and appraisals. It's been a good tool to use and helpful." Staff received ongoing training to develop their skills. One staff member commented, "We can ask for training in relation to specific support needs that people have, and the manager will sort this out. I'm happy with the training I get." We saw the registered manager kept information about the training that staff required and had a system in place to identify when any training was due.

People enjoyed the food and were involved in making decisions about their meals. One person told us, "The food is very good. We choose our meals." Another person said, "We say what our favourite things are, and then we can have them. The staff ask us what we would like." People described how they would sometimes have take outs or buffet style meals. We saw that people were supported to get their drinks throughout the day and were able to access the kitchen when needed. People's nutritional needs were identified and if necessary their diets were monitored. This demonstrated that people were enabled to maintain a balanced diet.

People were supported to maintain their physical health and well-being. One person told us, "They look after you very well when you are ill in bed. They know what's wrong and will call the doctor." Another person said, "I go to the dentist every 12 months. The staff make the appointment for me and take me there." We saw feedback from a relative that said, 'My relation is living a very healthy and happy life thanks to you all.' One staff member commented, "Most people can tell us if they are unwell or we can tell that they are not their usual selves. We will support people to attend their appointments as it's important we know what is happening." We saw that referrals and follow up appointments were arranged for people to see various healthcare professionals. People's health care needs were monitored and recorded as needed, and any actions and recommendations were acted upon.

Is the service caring?

Our findings

Positive caring relationships had been developed between people who used the service and the staff. One person told us, "All the staff are very caring." Another person said, "The staff need a gold medal." We observed staff laughing and chatting with people who used the service and staff were kind and patient in the way they spoke with people. People were happy with the care and support they received. One person commented, "I love it here, I couldn't be any happier." People told us the staff listened to them and knew them well. We saw staff engaging with people and comforting them if they were upset.

People were supported to express their views about their care. One person told us, "This is my favourite colour and so my room was decorated how I wanted it." Another person commented, "I chose the new furniture I've got in my room." We observed staff offering options to people to assist them in making choices. Staff were aware of how people communicated and one staff member said, "It's important that we spend time with people to understand what they are wanting to tell us; each person can communicate differently, and so it's important that we understand this. They need to be in control of things as much as possible." We saw that an advocate had been involved to support people when this was needed. An advocate represents the interests of people who may find it difficult to be heard or speak out for themselves.

People's privacy was respected. One person said, "The staff are always respectful." Staff told us how they would support people to maintain their privacy. One staff member commented, "Some people don't always understand that they should be covered up when going from the bathroom to their room; so we will be there to make sure they have put their robe on." Another staff member told us, "There are people who we need to remind to shut the bathroom doors or make sure the shower curtain is closed, it's those things that can make a difference to people." We observed staff discuss people discreetly and treat people as adults to ensure their dignity was maintained. People's records were kept securely to ensure confidentiality was kept.

The staff had recently completed some dignity in care sessions, which involved the people who used the service. One person told us, "That was good, we talked about how we should speak to each other and be kind." One staff member said, "We spoke about how people should treat one another as they would want to be treated. I've noticed a difference since then and people think a lot more about this. It has helped them understand each person better."

People's independence was promoted. One person told us, "The staff let me do what I can for myself." Another person said, "I help in the kitchen and do the bread and butter. Sometimes I help to cut the vegetables up." One staff member commented, "Each day we look to see how people can do things for themselves; from travel training to encouraging people to look after their rooms and the communal areas." We saw that in a recent staff meeting, one area discussed was about 'enabling not disabling' people and how staff should strive to achieve this.

People were able to see their families and friends. One person said, "My family come to visit a lot." One relative told us, "I am able to visit whenever I like; I do ring to check that my relation is going to be there and to make sure they hadn't got any plans to go out. I'm always made to feel very welcome." One staff member

described how people would go to different social events and clubs in the area. They said, "It's good as people can meet new friends and catch up with others they have known in the past." People were encouraged to develop relationships. One person told us, "At first I didn't want to come out of my room. I was shy. But now I have a best friend and like spending time with the others." Another person said, "All the people here are my friends." This demonstrated that the provider encouraged people to maintain and develop relationships that were important to them.

Is the service responsive?

Our findings

People were involved in the planning of their care, and one person told us, "I chose to live here. I was asked what I liked to do and what I needed help with." Another person said, "I came here to have a look round before I moved in. My family found it, and I'm glad I came here." One relative commented, "We were fully involved with the planning and assessment of my relations care. We were asked for lots of information."

The support that people received was individual to them. One staff member told us, "Not only do people have rooms that reflect their personalities and preferences, but people have different ways of lives that we then support." The care records we looked at were individual to each person and gave staff information and guidance about each person. One staff member told us, "I look at the care plans as often as I can; and will always refer to them if I'm not sure about something. I know I can find what I need there as they give all the information about each person and their needs." We saw that people's ambitions and goals were recognised within their care plans, and that these records were reviewed and updated to reflect their current needs. The provider ensured that people's care was reviewed. One person told us, "I sit with the staff to talk about how things are going." One relative commented, "I have been to review meetings, but there are also ongoing discussions that take place. I feel fully involved and know that if I made any suggestions, they would do something about it." Another relative said, "We are always being updated and receive a progress report every month."

People were supported to participate in activities that interested them. One person told us, "I like going out to different places and having meals out. I do that with the staff." Another person said, "Sometimes I will watch the television in the lounge with the others, or I may want to watch something different in my room." One relative said, "My relation is leading a far more fulfilling life now; they are doing a lot more now." People described the various activities they did at home and in the community. We observed a craft session that took place, which people joined in with enthusiastically. We saw the provider had activities available for people that were accessible for them, for example audio books. People were supported to be a part of the local community. The registered manager told us, "We are all included within the local church in various activities and events, and one person from here opened the local fete. It's important that people are a part of things."

People knew how to raise any issues or concerns. One person said, "I would talk to the staff if I wasn't happy about something. I've not had to though." One relative told us, "I did have to raise something, and so I spoke directly with the staff and the issue was dealt with and handled well. I received a follow up response and was happy with how things were resolved." They added, "I was sent a complaints leaflet to use if I needed it." We saw the provider had a complaints policy in place and had acted upon any issues raised in a timely manner.

People were encouraged to give feedback about their care. One person told us, "We have meetings for the people who live here. We talk about what we would like to do." Another person said, "We have forums every few months, we can say if there is anything we like or don't like. All of us go to these." We saw that people who used the service were supported to complete an annual survey and that the overall summary was shared with them. The survey had been produced in an accessible format so it was easier for people to

respond to. We saw that people's relatives were sent surveys to comment of the service and that the results and actions had been shared afterwards. This demonstrated the provider listened to people's experiences and used this information to develop the service.

Is the service well-led?

Our findings

People spoke positively about living at the home. One person said, "I love it here. Everyone is so jolly and friendly. We're like a big happy family." Another person commented, "I don't know what I'd have done without them; I'm so happy living here." One relative told us, "I am really happy with the care my relation gets. They are thriving and it is all working really well. It's wonderful." Staff enjoyed working for the provider. One staff member said, "I'm very happy working here; we get to do so much with the people who use the service. It's not all about the paperwork. The provider really does care about the people here." Another staff member commented, "The provider pops in quite often; they know all the people here and the staff. In fact they took us all out for a meal recently." The registered manager was supported by the provider and they told us, "We have regular management meeting with the provider and they are available when we need them."

There was a registered manager in post, and people felt the service was well led. One person told us, "I know the manager, she's ever so nice, and the assistant manager. They are great." Staff were supported by the management team. One staff member told us, "They are all really good; if we question why, they will always explain. They are happy to listen. We talk and communicate well and things are explained clearly." Another staff member said, "We have regular supervision sessions, annual appraisals and staff meetings. All of these are really helpful to look at my personal development and where I want to go forward in the future. And we all know we can approach the management at any time if there is an issue. There is always someone to talk to." Staff were aware the whistle blowing policy that was in place. This is a policy that protects staff if they needed to raise any concerns, anonymously if they preferred. One staff member told us, "I know I could report anything at all if needed. I've never had to, but would know how." This demonstrated there was an open and honest culture within the service.

People were involved in the development of the service. One person said, "It was my idea to have the house forums. I told the provider and the registered manager that I thought it would be a good idea, so now we have them. It gives us the chance to make decisions and changes." One staff member told us, "We have regular team meetings and are asked for suggestions for how things can be improved. I asked for staff folders to improve the communication between us, and this was put in place straight away." Another staff member commented, "After my initial interview I then met up with the people living here, and they asked me lots of questions. It was good that they were involved in making decisions about who should work with them."

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. It is also a requirement that the latest CQC report is published on the provider's website. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had conspicuously displayed their rating at the service. The registered manager understood their responsibilities as a registered person. They maintained detailed records that were kept securely and had notified us of any significant events that had occurred.