

Mrs Parminder Degun

Little Oaks Residential 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 ●

Summary of findings

Overall summary

The inspection took place on 26 October 2016 and was unannounced. The service was previously inspected on 3 and 6 November 2015 when we found the service required improvements. The service was not fully compliant with Regulation 13: Safeguarding service users from abuse and improper care or treatment. At this inspection we found the provider had taken actions to address the concerns we had found.

Little Oaks Residential Care Home is registered to provide accommodation and personal care for up to eight people with a learning disability. There are two houses within the registration; the houses are linked by a garden gate. There were eight people living there at the time of this inspection (five in one house and three in the other). Staff worked across both houses. Most people had good verbal communication skills and were able to talk to us about their daily lives and the care and support they received. We also relied on our observations of interactions with staff during our inspection to help us reach our judgements on 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.

There were sufficient staff on duty to help keep people safe. The registered manager told us they had increased staffing levels when people's needs had changed. Staff told us they felt the staffing levels were good. For example, a member of staff said "They are bringing in more staff. I feel we have enough now."

People were protected from harm and abuse by staff who had been carefully recruited and well trained. A member of staff told us they were confident they would recognise any signs of abuse but said "I have no concerns." People living in the home told us they felt safe, and had no concerns about the way staff supported them. Staff had received training on essential health and safety related topics and also on topics relevant to the health and personal care needs of the people living there. Staff told us they enjoyed their jobs and they felt well trained and well supported. For example, one member of staff said "I think it's absolutely fantastic. I absolutely love it." They went on to say, "There are always plenty of courses."

People were involved and consulted about all aspects of the support they received. Care plans contained detailed information on each person's health and any risks associated. People were supported to maintain good health and to access health and social care professionals when needed. Staff knew each person well and recognised the warning signs of ill health.

Medicines were stored and administered safely. There was a clear audit trail of all medicines entering and leaving the home. Medicines were only administered by staff who had received appropriate training. Records of medicines administered were well maintained. People told us they thought their medicines were administered safely. For example, one person said "I have a tablet every day at 3 o'clock. They never forget to give it to me."

The service acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs. Applications had been submitted to the local authority for those people whose liberty may be restricted. A member of staff told us "We always make sure the residents get what they want. They are always offered choices. They get what they want as close as possible."

People were supported by staff who were caring. A person told us "They are very caring here. It's very comfortable. Sometimes I get anxious and then I talk to the staff." Each person had their own bedroom that had been decorated and personalised to suit their individual tastes and preferences.

Staff supported people to lead active and fulfilling lives. People had jobs, attended days centres and clubs and were active members of the local community. They went on holidays each year and regular outings. They were also supported to keep in touch with families and friends.

People were offered a healthy and balanced range of meals. Staff involved people in planning the menus. Alternatives were offered to suit each person's dietary needs and preferences.

People and staff told us the home was well-led. For example, we asked a member of staff if the home was well managed and they said "Yes, very well." The provider had systems in place to monitor the quality of the service and make improvements where necessary.

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.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual support needs.

People were protected from the risk of abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to maintain as much independence as possible and to remain safe.

Medicines were stored and administered safely.

Is the service effective?

Good ●

The service was effective.

People received personal care and support from staff who were trained to meet their individual needs.

People were encouraged to carry out day to day tasks with staff support, to develop daily living skills and to maintain their independence.

People were supported to maintain good health and to access health and social care professionals when needed.

The service acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect and were supported to be as independent as they wanted to be.

The staff and management were caring, friendly and considerate.

Staff had a good understanding of each person's preferred communication methods and how they expressed their individual needs and preferences.

People were supported to maintain relationships with family and friends.

Is the service responsive?

Good ●

The service was responsive.

People were consulted and involved in decisions about their support needs. They were able to express their preferences about how they wanted their support to be provided.

People's individual needs and preferences were understood and acted on.

Is the service well-led?

Good ●

The service was well led.

The service had a caring and supportive culture focused on meeting people's individual support needs and increasing their social inclusion.

People were supported by a motivated and dedicated staff team and accessible and approachable management.

The provider's quality assurance systems were effective in maintaining and promoting the standards of service provision.

Little Oaks Residential 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 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 took place on 26 October 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we asked the provider to complete a form called a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We looked at the information they had given us. We also looked at other information we had received about the service since the last inspection such as notifications.

During the inspection we met with the registered manager and five members of staff. We spoke with, or observed the staff interacting with eight people during our inspection.

We looked at a range of records the provider is required to maintain. These included two service user support plans, medicine administration records, staff rotas, staff recruitment records, staff training records, menus, and quality monitoring records. We also looked at records of accidents, incidents, compliments and complaints and safeguarding investigations.

Is the service safe?

Our findings

People were supported to remain safe. At the last inspection of the service we found people and staff were at risk of harm because staff had not received adequate training or information on how to support people who may become upset or physically aggressive. At this inspection we found the service had taken a range of actions to ensure staff knew how to support people to keep them safe. Staff had received training in positive behaviour support. Care plans contained detailed information to help staff support people in a calm and safe way when they became upset or angry. A member of staff told us "I have had training in challenging behaviour. This has helped me to understand behaviours from their point of view." Care plans contained detailed information on how to support people when they became angry. For example, one care plan instructed staff, "Keep your voice calm..." "Touch support can be used to support (person's name) movement to a safe place", "Staff give (person's name) space to calm down." Alternative approaches were suggested if the person did not calm down.

During this inspection we observed a person who sometimes shouted and became upset. Staff reacted quietly in a caring and positive way, and diverted the person where possible to a different activity or a different room. This helped to calm the person quickly. Staff told us they had liaised closely with health professionals to seek advice and to ensure the person was receiving the right support and medical treatment. They gave examples of the things the person enjoyed, such as games, humour and cartoons to make the person laugh. One member of staff told us "We all do silly things for her. If it works, we will do it." Another member of staff told us they felt able to cope with difficult behaviours as they had a calm personality and they found this helped to calm others.

There were sufficient staff on duty to help keep people safe. The registered manager told us they had increased staffing levels when people's needs had changed. They had also increased the level of waking night cover. This meant people could ask for support from staff if they woke during the night. A person living in the home told us they liked having waking staff on duty at night as it made them feel safe. Staff told us they felt the staffing levels were good. For example, a member of staff said "They (the provider) are bringing in more staff. I feel we have enough now." We asked another member of staff if they felt there were sufficient staff employed and they said "Yes, I would personally say so." During our inspection we saw people led active lives. There were sufficient staff to support people with the things they wanted to do each day. The interests, skills and personalities of each member of staff were matched to the people they supported each day.

Risks of abuse were minimised because all staff knew how to recognise and report any signs of abuse. Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. A member of staff told us they were confident they would recognise any signs of abuse but said "I have no concerns." People living in the home told us they felt safe, and had no concerns about the way staff supported them. A person told us "If somebody upsets me I would tell the staff."

The risk of financial abuse was minimised because there were systems in place which were followed by staff. Each person's ability to manage their financial affairs had been assessed. Where people required support, arrangements had been put in place either with their agreement or in their best interests where appropriate. Some people were supported by their next of kin to manage their savings, and others were supported by the local authority or other financial advocates. Cash held in the home on their behalf was stored securely. Records of cash transactions had been signed by two staff members or a member of staff and the person to confirm the amounts were correct. Receipts were retained and numbered against each entry. The records were regularly checked by the provider to ensure balances were correct. A person told us they were happy with the way staff supported them with their money.

The provider's staff recruitment procedures helped to minimise risks to people who lived at the home. We looked at the recruitment files of four staff employed since the last inspection. These contained application forms containing information about their employment history and experience. Applicants had not been offered employment until satisfactory references had been received and a satisfactory check had been received from the Disclosure and Barring Service (DBS). This helped employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people. Applicants were invited to visit the home a number of times to meet the people living there and get to know them before they were offered a job. This gave the people living in the home the opportunity to meet the applicants and to have a say in their employment.

Medicines were stored and administered safely. The registered manager and staff took care to ensure repeat prescriptions were delivered to the home in a timely way, and that stocks did not run out. When we arrived the registered manager was on the telephone to the pharmacy to chase up a prescription that had not arrived. During the day the staff rang the person's doctor and the pharmacy a number of times until they were satisfied the prescription would be delivered to the home before their stocks ran out. They told us they always checked deliveries of medicines to the home carefully to ensure they were correct.

Most tablets were supplied by the pharmacy in sealed monitored dosage packs which provided details of the prescribed medicine, the name of the person it was prescribed for and the time the medicine should be administered. Each person had a pre-printed medicine administration record (MAR) which detailed their prescribed medicines and when they should be administered. Staff had signed the MAR charts when medicines had been administered or had made an appropriate entry when a medicine had not been administered. There was a clear audit trail of all medicines entering and leaving the home. Medicines were only administered by staff who had received appropriate training. Each person had a medication profile that explained the medicines prescribed to them, why they had been prescribed, and any important information about the administration, including those medicines prescribed on an 'as required' basis.

People told us they thought their medicines were administered safely. For example, one person said "I have a tablet every day at 3 o'clock. They never forget to give it to me."

People's care and support plans contained clear information about identified risks and how risks should be managed. Care plans contained detailed information on each person's health and any risks associated. For example, where people suffered with epilepsy there was detailed information on the illness and the support they needed to keep them safe. Risks associated with activities had been assessed and staff knew how to support people in the least restrictive way to enable them to do the things they wanted to do as safely as possible.

Is the service effective?

Our findings

People received support from staff who had the skills and knowledge to meet their needs effectively. A person living in the home told us they thought the staff were well trained and said "The training here is very good." In the last year there had been an increased level of training for staff. The provider sent us a copy of their training matrix showing the training topics each member of staff had completed and the dates of the training. This showed staff had received training on essential health and safety related topics and also on topics relevant to the health and personal care needs of the people living there.

Staff told us they enjoyed their jobs and they felt well trained and well supported. For example, one member of staff said "I think it's absolutely fantastic. I absolutely love it." They went on to say, "There are always plenty of courses." They told us that recent training they had completed included epilepsy and challenging behaviour and they had also gained a nationally recognised qualification known as NVQ level two. They said "The other staff have taught me a lot. They have told me if I am ever stuck I must ask for help, and I do." Another member of staff also confirmed they had received a good range of training in the last year saying, "We have had quite a lot. I have just finished my level two medication training. I have NVQ level three already." They went on to list some of the other training they had completed, and said "I have just finished quite a string of them. It can be quite intense!"

At the last inspection we found there were restrictions in place to prevent people from leaving the home, or from gaining access to certain parts of the home for their own safety. However, no applications had been made to the local authority to ensure that legal authorisation was in place for those people whose liberty was restricted. After the inspection the registered manager sent us an action plan confirming that applications had been submitted to the local authority for those people whose liberty may have been restricted. During this inspection the registered manager confirmed that applications had been submitted to the local authority and remained on their waiting list for completion. People can only be deprived of their liberty to receive care and treatment which is in their best interest and legally authorised under the MCA. The authorisation procedure for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection we also found staff did not have a clear understanding of the Mental Capacity Act 2005. Assessments had not been carried out to establish people's capacity to make important decisions about their lives. Best interest agreements had not been reached with people legally authorised to act on their behalf. At this inspection we heard that staff had completed training on the MCA and had a clear understanding of the importance of allowing people to make choices about their daily lives where possible. Many of the people we met during our inspection were able to make day to day decisions about the care or treatment they received. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any decision made on their behalf must be in their best interests and the least restrictive option available.

A member of staff told us "We always make sure the residents get what they want. They are always offered choices. They get what they want as close as possible." The care plans contained evidence of each person's capacity to make choices. The registered manager also showed us a form they planned to adapt to create an easy to read format that would enable them to talk to people and agree the things they could make decisions about, and where they needed support from a legal representative to make decisions on their behalf.

People were supported to seek medical attention and attend health appointments when needed. Staff knew each person well and recognised the warning signs of ill health. For example, we heard how the staff had recently liaised with a person's GP who had referred the person for investigations into possible illness. Another person told us they had been feeling a bit low recently and staff had supported them to visit the doctor who had carried out tests. The registered manager also described how they had sat with the person and encouraged them to talk about the things that had upset them, saying "We talked and talked and we got it out." Another person told us they were keeping well, saying "I've not needed to see my doctor for ages." Care plan files contained evidence of regular health checks including dental and optical check-ups.

People received a balanced range of meals that met their nutritional needs and preferences. People were involved in planning the menus. The staff told us they regularly sat down with people to help them make changes to the menus. They did this by cooking samples of new meals and letting people try them and see if they liked them before putting the meals on the menus. The menus also contained alternatives for people who could not eat the foods on offer. If a person did not like the meal on offer they were always offered a suitable alternative. Staff usually sat and ate with people at mealtimes and this meant staff were able to monitor people's enjoyment of the meals and offer any assistance needed.

Staff knew the foods each person liked and disliked, and foods they were allergic to. The menus contained photographs of each meal so that people could see the foods on offer. For example, one person was on a gluten free diet. Staff described the foods the person could eat and those the person must avoid. A member of staff told us "You have to know them." We spoke with the person who told us they enjoyed the meals and despite being on a gluten free diet they said there were plenty of choices.

The registered manager told us about a person who sometimes refused to eat when they became upset. They explained the different ways they had tried to encourage the person to eat, for example by bringing in any items of food they thought the person might enjoy. They had left snacks and 'finger foods' such as a bowl of fish fingers where the person could pick up and eat easily. They also took care to make sure foods were attractively presented, for example by arranging food in the shape of a 'smiley face' because this made the person giggle.

Is the service caring?

Our findings

During our inspection we saw people being supported by staff who were kind, attentive and caring. When people were upset we saw staff sitting with them, holding their hands and chatting with them, or giving them a reassuring hug. There were smiles, laughter and fun. For example, during our visit a member of staff played a board game with a person. There was friendly banter between the member of staff and the person, and praise for the person's skill. We also heard how staff often sang or danced with people, and one person's bedroom floor was described as their 'dance floor'.

A person told us "They are very caring here. It's very comfortable. Sometimes I get anxious and then I talk to the staff." They also talked about the staff who worked with them regularly, saying "I like the way that (staff name) treats me. She is a very caring lady. She makes me laugh. We have a giggle. I like (another staff's name) as well."

The registered manager described how the staff team went out of their way to make sure each person was happy and fulfilled. They told us, "You can't help getting attached – we spend more time with them than we do with our own families. We care about them deeply." They also talked about how the staff worked "above and beyond" their paid responsibilities, for example by visiting the home in their own time to celebrate people's birthdays, or by going to support a person who was performing in a show at their local day centre.

A member of staff said the staff had built up good relationships with each person. They told us "We know what they enjoy and what they don't enjoy". Another member of staff talked about the things people enjoyed doing each day and how they enjoyed supporting them. They gave an example of taking a person to a local coffee shop, saying "She loves going there." They went on to say "I just enjoy trying to make them happy."

A member of staff described how they supported people who sometimes found verbal communication difficult. They explained the importance of giving people time to complete their sentences, and not to rush them. They also explained how they used pictures, or helped people to point to what they wanted, and checked with the person that they had understood what they wanted. They told us the care plans gave good information on communication and they would check the care plan for more information on communication if necessary.

We also heard how staff sat with people during the night if they could not sleep. For example, one person was unable to sleep at times when they became upset. We heard how staff sat with the person and chatted to them until they fell asleep. We heard this was usually very effective.

The registered manager explained how they had supported a person who wanted to work in a coffee shop. They described how they had talked with the person to identify the type of work they wanted to do, the things they were able to do, and the things they may find difficult. They had supported the person to find a job helping with a local coffee morning and this had been successful. The person told us about their job and how much they enjoyed it.

Staff had helped people to decorate and furnish their bedrooms to make them feel homely. Each bedroom reflected the tastes, interests and personality of the occupant. For example, one person had a comfortable chair next to a fireplace with side tables, large screen television, lamps, ornaments and on the walls were pictures reflecting the person's interests. Bedding and curtains co-ordinated with the decorations. Another bedroom contained a large comfortable chair, large screen television, and shelving neatly displaying DVDs. On the wall was a framed football shirt signed by the players. Each person showed us their room with pride. They were encouraged and supported by staff to keep their bedroom clean. For example, one person told us they liked to keep their room tidy by doing the hoovering and their own laundry. They told us it was a "Nice place to live."

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. Each person had been involved and consulted in an assessment and regular reviews of their needs. Care plans files contained a range of documents providing detailed information on all aspects of their health, personal care and social needs. The documents had been drawn up using photographs, signs and symbols to help each person understand the information in their care plan. Where people were able to read, they had signed each section of their care plan to show they had been consulted, and the information was correct. People were able to say what information was included in their care plan, and how it was reviewed. For example one care plan contained monthly review sheets that were no longer completed because the person had decided they no longer required support in those areas.

Each care plan contained information covering all aspects of their support needs, including a behaviour support plan, 'my health' plan, skills assessment, weekly activities plan, and information about their personal preferences. Guidance for staff was broken down into step-by-step instructions, for example information on how to support a person to move to a safe place when they became anxious included photographs to show how to encourage the person to move in the right direction. Care plans contained pages signed by staff to show they had read and understood each section of the care plan. Daily reports were completed by staff which gave a summary of the person's day and the support given by staff.

People led active lives. Some people went out several days a week to local day centres and clubs. Some people had jobs, either paid or voluntary. Other people went out regularly each week to activities of their choice, for example to visit friends and families, or to go for walks, outings or shopping trips. People went on holiday each year to a destination of their choice. They also went on group outings to places of local interest. Staff also supported people with activities in the home including games, arts and crafts. Our inspection was a few days before Halloween and people had been busy making preparations for a party, with masks, door stickers, tablecloths and artwork. Some people were planning to dress up for the party. People told us about a cake sale they had recently held in the home that had raised £95 for a national charity. A poster displayed in one of the lounges gave evidence of their achievement.

One person told us they had lots of choices of things to do. They went to a local day centre four days a week, and when they were at home they liked to watch television and listen to music. They talked about the bands they enjoyed listening to, and said they sometimes went out to watch live music. They told us they were able to do what they wanted to, when they wanted to, saying "Everything is OK." Another person talked about the things they liked to do and this included membership of a local carnival club. They told us about local carnivals due to take place in the near future they hoped to participate in.

The registered manager and staff encouraged and supported people to keep in touch with their friends and families. They welcomed family input and involvement in people's care. For example, with the person's consent, they contacted their next of kin when a person felt poorly, or when they needed to attend a medical appointment. They supported people to visit their friends and families regularly, and attend family parties and social occasions. They also talked about how they welcomed visitors to the home at any time.

People knew how to make a complaint and were confident they could speak to the staff or registered manager if they had any complaints. The complaints procedure was displayed around the home in an easy to read format using pictures and simple text. People told us if they wanted to make a complaint they would tell the staff, registered manager or the provider. A person told us "If I was unhappy about anything I would tell the staff. I sometimes see the owner so I might tell her if necessary." In the last year there had been no formal complaints about the service. They had received two compliments from relatives. One relative had said "I wish that all care homes were of the same high standard as Little Oaks." Another relative said "(Person's name) is very happy at Little Oaks. (Registered manager's name) will always let us know if there is a problem."

Is the service well-led?

Our findings

At the last inspection we found the provider and registered manager were not proactive in identifying areas for improvement. For example, they had not identified or followed the principles of the Mental Capacity Act 2005 or completed applications for Deprivation of Liberty Safeguards where appropriate. At this inspection we found that actions had been taken to address these concerns. Staff had received further training on the MCA and DoLS applications had been submitted to the local authority. Further improvements had been made and more were planned for the near future, including further improvements to the decoration of the home. The provider had systems in place to monitor the quality of the service and make improvements where necessary. Audits and checks were carried out regularly.

People living in the home and staff told us the home was well managed. For example, we asked a member of staff if the home was well managed and they said "Yes, very well. We see the provider sometimes – she's very nice. She said if there are any problems to go to her or to (registered manager's name)." They also told us "It's the best job I have ever done." We asked another member of staff if they felt the home was well managed and they said "Yes, definitely." They also told us they saw the provider occasionally, or alternatively they spoke with the provider on the telephone. They said they knew how to contact the provider and would not hesitate to ring them if they had any concerns or queries. Another member of staff told us they were confident the service ran smoothly. They had confidence in the provider, saying "If you raise anything with them they will sort it out."

Before our inspection the provider completed a Provider Information Return (PIR). They told us about their management of the service, saying "Our management structure is open, fair and transparent and all staff and service users are able to speak directly with the Manager or Proprietor on any issues or concerns they have at any time."

Staff told us there was good communication with the provider and registered manager and they felt well supported. They received individual supervision from time to time. They told us they could speak with the registered manager at any time and ask for supervision if they wanted. They also told us that staff meetings were held every month. They told us staff meetings were an opportunity for them to share information and good ideas. The registered manager told us they had provided supervision to staff but this had not been as regular as they would have liked. The records of supervisions showed that staff had last received supervision in July 2016. The registered manager had recently completed a training course on supervising staff and planned to implement their learning by providing regular formal supervision approximately every three months. There were new recording forms guiding them on the areas the supervision will cover in future.

The provider had involved and consulted people living in the home, their relatives and professionals who supported them. Questionnaires had recently been sent out to relatives seeking their views. Responses received so far had been positive. We also saw the results of questionnaires given to people living in the home and relatives in November 2015. The results had been collated and were positive. Where suggestions had been made for improvements these had been acted upon.

Formal resident's meetings were not held in the home, and instead staff told us they sat with people at mealtimes and held informal group discussions. A member of staff told us "People are involved. That's their choice. They like to be involved." We heard how they discussed group activities, parties and outings and menus and suggestions had been acted upon.

Staff were positive about their jobs and told us there was a happy and supportive working atmosphere. Comments included "I absolutely love it. It's rewarding." They told us staff supported each other and they were always willing to step in and provide cover where necessary, for example if a colleague was ill. Another member of staff told us "I love it. I really like it. We have time to spend with the residents. You get time to do what they want to do. We work it out between ourselves."

To the best of our knowledge the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.