

Camino Healthcare Limited

Oak House

Inspection report

Johns Lane
Tipton
West Midlands
DY4 7PS

Tel: 01215579014
Website: www.caminohealthcare.co.uk

Date of inspection visit:
28 September 2017

Date of publication:
01 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

The inspection visit took place on 28 September 2017 and was unannounced.

Oak House provides residential accommodation and support for up to 16 adults with mental health needs. At the time of our inspection visit, 12 people were living there. At our last inspection, in May 2015, the service was rated Good. At this inspection, the service remained Good.

There was no registered manager in post. The operations manager was acting as interim manager. 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. However, a new manager had been recruited and was due to commence in post a few days after our inspection.

People continued to receive care that made them feel safe and where possible were supported to manage their own medication. Staff understood how to protect people from abuse and harm. Risks to people were assessed and guidance about how to manage these was available for staff to refer to/follow.

People continued to receive effective support from staff with a sufficient level of skills and knowledge to meet their specific needs. People were not unduly restricted and were enabled wherever possible to have maximum choice and control of their lives. People were assisted to access appropriate healthcare support and take an adequate diet.

The care people received was provided with compassion. People were supported to express their views and be involved as much as possible in making decisions about their support needs. Staff supported people to exercise choice, independence and control, wherever possible. People's diverse needs were recognised and staff enabled people to access the activities they wished to be involved in.

The provider had effective systems in place to regularly review people's care provision, with their involvement. People's care was personalised to them and care plans contained information about the person, their needs, lifestyle choices and cultural needs. Care staff knew people's individual needs and goals. People were able to speak openly with staff and tell them if they were unhappy or wanted to make a complaint.

The service continued to be well-led, including on-going checks and monitoring of the quality of the service. People and staff were positive about the leadership skills of the management team in place. Arrangements were in place to obtain people, staff and the local communities views about the service.

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 remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Oak 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.

This unannounced comprehensive inspection was completed by one inspector and an expert by experience on 28 September 2017. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The provider had completed 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 improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

We spoke with four people who used the service, two relatives, the senior nurse, two members of care staff, the activities coordinator, the marketing manager and the operations manager. We spent time observing how staff provided care for people to help us better understand their experiences of the care and support they received.

We looked at two people's care records, six medicine administration records and three staff recruitment files. We also looked at records relating to the management of the service including quality checks and audits.

Is the service safe?

Our findings

A person said, "I feel safe being here. Staff direct me to another room if someone [another person using the service] is particularly upset". Another told us, "I feel safe to an extent. If I tell them [staff] that I am feeling down they give me one to one support to help to keep me safe". A relative told us, "They [staff] manage [person's name] behaviour well and they are very good at helping [persons name] to stay safe". Staff confirmed to us they had received training in safeguarding and confidently described how they would report any concerns they had about abuse.

People were supported to live a full life without restrictions with staff support and management of any potential risks, for example, whilst out in the local community. People said, "They [staff] ask where do we want to go, they will also support you around the building" and "They offer me emotional support to help me cope". We observed one person who suddenly became very distressed and as a result began shouting at people and staff. Staff supported the person effectively by diverting them discreetly and providing reassurance to them as well as maintaining a visible staff presence for other people. Care records included information on how to effectively manage any risks to people and minimise the risk of harm.

Overall people felt there were enough staff on duty. A person said, "They [the provider] have to employ agency staff sometimes which affects our relationships because they don't know how to look after us". We discussed this further with the person but they could not identify any areas where the use of agency staff had directly had an impact upon their well-being. The operations manager told us that at times they had to use agency due to staff sickness or for people to attend planned appointments in community but that they endeavoured to use workers who regularly came to work at the service. We observed that there were adequate staff on duty to provide the support people needed, when they needed it. We saw that a number of other multi-disciplinary staff including activities coordinators, psychology assistants and occupational therapists were available during office hours to support people with planned interventions and activities. We found that rotas were planned around people's specific needs; for example any health appointments they needed to attend to ensure enough staff were available to support them. In addition the provider continued to operate safe systems for recruitment.

People were happy with how staff supported them with their medicines and some people were enabled to self-administer their medicines. One person told us, "I self-medicate and go to the clinic [medicines room] at set times and try to stick to it". A relative said, "[Persons name] is a lot more independent now and does their own medication". Medicines were stored and disposed of safely and records available demonstrated that people were supported to take their medicines as prescribed. Self-medication programmes had been risk assessed and periodic checks were undertaken to ensure their continued effectiveness.

Is the service effective?

Our findings

People told us that they felt staff were trained and competent. One person said, "Most staff are well trained and I see them with their assessors doing their NVQ's [additional vocational qualifications]". Relatives comments included, "The staff are well trained, more so now than ever" and "[Persons name] is getting the most help they have had and finally getting the proper treatment they need. The staff are very good and know their stuff". Staff told us that they received training that helped maintain their skills and that the provider was supportive of them developing their knowledge further. From our observations it was clear that staff knew how to support people and had the skills and knowledge required to meet their needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act [MCA]. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People told us and we observed they were asked for their permission before staff supported them and they were not unduly restricted. At the time of our inspection no one living at the home lacked mental capacity or was subject to a DoLS. Staff confirmed they had received the appropriate level of training and demonstrated they supported people in line with the principles of MCA.

On the whole people we spoke with were happy with the choice and quality of the meals available to them. One person said, "I think they should tweak it a bit and put more exciting things like stir fry on the menu". We saw that people were involved in cooking and preparing their own meals as part of their rehabilitation programme and to encourage them to be independent. A relative said, "[Persons name] does cooking and enjoys this; they often send me a text of what they have cooked". We saw examples of how people were encouraged to make choices in line with the principles of healthy eating and any specific dietary requirements. We saw people had taken part in a food survey in May 2017 and feedback had been collated from the ten respondents; feedback on all the areas covered including whether people enjoyed the food on offer was in the majority positive.

People were supported to access the health care they needed. A person said, "The optician comes here, to be honest that's a good thing here as they'll fit you in and support you quite well". Staff worked closely with a number of external health care professionals to ensure a multi-disciplinary approach was adopted in relation to people's on-going health and well-being. For example, we saw regular review meetings took place with external healthcare professionals to establish people's progress and ascertain their future goals.

Is the service caring?

Our findings

People told us they thought the approach of the staff supporting them was friendly and caring. One person said, "The staff are nice and I get on really well with [staff members name], she is very kind". A relative said, "They are like a family here, all the staff are really nice". People using the service were been supported in the main by the same staff group which enabled them to establish positive relationships. A staff member, "Caring is about sitting and listening to what people say and how they feel and always taking everything people say seriously, making sure they are happy". We observed many friendly interactions and saw that staff were compassionate towards people.

People were encouraged to express their views and be involved as much as possible in making decisions about their support needs. One person said, "I have a care plan, staff normally come to me and I have to sign it and agree it to say things have changed". Another person told us, "I go through all my care plans with my nurse once a week and she looks through and asks for my input". We saw that people were involved in making decisions about their care and had set out their goals and activities they would like to be involved in for example, attending college.

People told us they had the information they needed about their care and that staff took the time to communicate any explanations about their care they needed. One person said, "They [staff] do communicate well when they talk to me". A second person said, "Communication is alright here; they [staff] tell me what I need to know and talk to me okay". We observed staff interacted well with people and took time to listen, actively involving people by providing them with choice and promoting their independence.

People were encouraged to maintain relationships with the people who were important to them. A relative said, "We are given privacy and space when we visit [person's name]; I am always made welcome by the staff and can visit anytime I like".

People told us that staff respected their privacy and dignity whilst having to monitor their well-being sometimes requiring an increased level of observations at times. One person said, "I get my privacy a bit; they [staff] do knock before they come in". We observed that staff were keen to protect people's privacy wherever possible and communicated with people using respectful language.

Is the service responsive?

Our findings

People had been involved in their assessment, developing their care plan and its review so their individual preferences and abilities were known and recorded. One person said, "I always like to invite my Mum if I have a review meeting". A relative said, "I go to review meetings, they conduct them quite well, I get a good idea what's going on and get to ask any questions I have. They seem to be effective meetings".

People told us they were helped to achieve their goals and staff supported them in line with their wishes. A person said, "We say what we want to do and the staff try to make that happen, like we are all going bowling and for a meal next week". Another person said, "They [staff] plan things with us". We saw that there was a personalised approach to meeting people's needs so that they received support in the way they preferred. Staff demonstrated they knew people well and gave examples of their particular likes and dislikes. Examples included describing activities people loved, such as drawing or shopping and techniques or distractions staff utilised when people were feeling anxious or worried.

We found that staff understood how best to support people to access local amenities that met their particular social needs. People were assisted to access as much or as little social and recreational activities as they chose. For example some people were attending local college to complete adult learning courses of their choosing during the week and others had received the support they needed to access employment opportunities that they had identified.

People's diverse needs were recognised and staff enabled people to continue to enjoy the things they liked, for example by supporting people in relation to their sexuality and to attend their preferred place of worship.

People we spoke with said knew how to make a complaint or raise a concern. They told us "There's a complaint form or I can speak to management or to the CQC [Care Quality Commission]; it's effective because you voice your concerns and they will try to deal with it", "I tell the nurse in charge, if it's not resolved I go to the manager and if still not resolved go to big bosses" and "I'd go to the nurse, if not nurse then the manager or fill out a complaints form; I've used the complaints procedure once and felt I was listened to". Information about how to make a complaint was available for people to refer to. We reviewed the complaints received by the provider and found that the provider acknowledged, investigated and responded to complaints in line with their own policy. Care staff spoken with were clear about how they should direct and/or support people to make a complaint.

Is the service well-led?

Our findings

People spoke positively about the current leadership and running of the service. The service had no registered manager at the time of our inspection but a new manager had been appointed and was due to commence in post. At the time of our inspection the operations manager was acting as an interim manager. People and staff told us they had regular contact with the operations manager who was currently overseeing the day to day running of the service. 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. We found that the operations manager was aware of their responsibilities for reporting certain incidents that occurred within the service to us.

People were asked if they would recommend the service to others and they told us, "I probably would" and "Yes, I get the support I need, so would recommend it". Staff told us they enjoyed working at the home and that they had a good level of support available to them at all times. One staff member said, "We have managers you can talk to and who will listen; they give constructive feedback about how I am doing". In their Provider Information Return the provider told us they operate an 'open door' policy and encourage open and honest dialogue with staff. We saw evidence of this; staff confirmed that they received feedback from managers in a constructive way in supervision and through appraisal so they knew what action they may need to take to improve.

The service enabled and encourage open communication with people who use the service, those that matter to them and staff. This was done through a series of surveys and regular meetings held for all to freely attend and raise their concerns or be involved in the developments planned for the service. A person said, "We had a meeting yesterday, we discussed rules, house rules and what we want. Sometimes things do get changed which is good". We saw meeting minutes and people we spoke with confirmed that regular meetings were planned for them to raise issues and give their views on the services provided. The provider had also undertaken a survey of the local community in order to make contacts and be inclusive in how they developed and ran the service. People living in the community were asked about the impact of the service upon their day to day lives, the results were analysed and shared, the comments received included, "The residents and friendly and approachable" and "Since the service opened, it has been very good. It is much better than we ever anticipated and a great addition to the street". This meant the provider promoted the involvement and creation of links within the local community.

We saw that the provider carried out regular checks and audits of the service and that appropriate action was taken where required. This ensured the quality of the service people received was reviewed and any areas for improvement identified and acted upon. It is a legal requirement that the overall rating from our last inspection is displayed within the home and on their website. We found that the provider had displayed their rating as required.