

J Moor

Oakley House

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

We inspected Oakley House on the 12 February 2019.

About the service: - Oakley House caters for up to two people with acquired brain injury. There were two people living at the service at the time of our inspection. The service was set in a residential house. Each person had their own private room and access to all the amenities in the house. The service was set in a residential area with easy access to the local community and had a large garden.

People's experience of using this service: One person told us, "I am happy living here." A relative told us, "I have every faith in the service and I am entirely happy with the care."

The service was safe.

- Care and treatment was planned and supplied to ensure people's safety and welfare.
- There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents.
- People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff.
- Medication was given to people by staff who had received training to do this safely.

The service was effective.

- People were cared for and supported by staff who had received appropriate training.
- The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- People were supported to eat and drink enough to ensure they maintained a balanced diet. Referrals to other health professionals were made when required.
- The environment was well maintained and suitable for people's needs.

The service was caring.

- Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care.
- Staff worked hard to promote people's independence through encouraging and supporting people to make informed choices.

The service was responsive.

- People and their relatives were involved in the planning and review of their care. Care plans were reviewed on a regular basis.
- People were supported to follow their interests and participate in social activities.

- The registered manager responded to complaints received in a timely manner.

The service was well-led.

- The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection: Good (report published 9 April 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Oakley House

Detailed findings

Background to this inspection

The 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.

Inspection Team:

The inspection was carried out by one inspector.

Service and service type:

Oakley House caters for up to two people with acquired brain injury. The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. The service had a registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection took place on the 12 February 2019 and was unannounced.

What we did:

Before the inspection, the provider 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. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During our inspection we spoke with two people and observed their relationship with staff. We contacted one relative via telephone. We spoke with the manager, and one care worker. We reviewed care files and records held in relation to the running of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person told us, "I am happy here, I feel safe."
- A relative told us, "I have complete faith in the provider."
- Staff knew how to keep people safe and protect them from abuse. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- Staff also knew how to 'whistle blow' and raise concerns outside of the organisation. We saw relevant phone numbers displayed for staff to call if they had a concern to raise.
- The registered manager protected people from financial abuse and we saw processes were in place to manage people's money safely.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people.
- Staff undertook risk assessments to keep people safe. These assessments were person centred and aimed at maintaining people's independence.
- The service had emergency plans in place and this included guidance to staff on fire evacuation procedures.
- Staff knew how to raise the alarm if somebody suddenly became unwell and were trained in first aid.
- People were cared for in a safe environment. The provider employed a maintenance person for day to day repairs and management. One person told us, "I have a job working with the maintenance person."

Staffing and recruitment

- People received care from a consistent staff team who had the skills to deliver high quality care.
- One member of staff told us, "We all work well together as a team to support people."
- The registered manager had an effective recruitment process in place and staff recruited were suitable for the role they were employed for.

Using medicines safely

- People were supported to take their medication by trained and competent staff.
- Regular audits were completed of medicines. Any issues were highlighted and dealt with.

Preventing and controlling infection

- Infection control was closely monitored and processes were in place for staff to follow to ensure people were protected from infections.
- Staff had guidance and cleaning rotas in place to ensure the environment remained clean.
- People took part in the cleaning of the service with the support of staff.

Learning lessons when things go wrong

- The registered manager had systems in place to learn from risks, significant incidents or accidents at the service.
- Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were consistently assessed and reviewed to ensure the care they received met their choices and needs.
- We saw care plans were reviewed and discussed with people. A relative told us, "I was at a review meeting a couple of weeks ago."
- Care was managed and delivered within lawful guidance and standards.

Staff support: induction, training, skills and experience

- People continued to receive effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care.
- Staff told us that training was delivered via computer based training as well as face to face from trainers.
- New staff were given a full induction to the service and worked alongside experienced members of staff when they first started. Their progress was monitored and reviewed as part of a probationary period.
- Staff felt supported at the service. Staff told us they had regular staff meetings to discuss the running of the service and people's needs.
- Staff received regular supervision and had yearly appraisals to check they were providing high quality care to people.

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

- People were supported to have enough to eat and drink.
- Staff met with people each week to plan menus and people went shopping with staff to buy the food.
- People were supported to make their own meals, snacks and drinks.
- One member of staff said, "We mostly support people to ensure food is cooked properly and not under cooked."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Each person had a health passport containing relevant information if they needed to access hospital care. Care plans were clear on how to support people's health needs.
- People were registered with a local GP who completed health reviews as required. People were also supported to have reviews with other healthcare professionals who were involved in their care.
- One person told us, "I have a hospital appointment tomorrow the staff will come with me."
- Staff told us they received a duplicate copy of all health appointments that were sent to people so that they could ensure appointments were not missed.

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

- The service was set in a residential area in a house.
- Each person had their own room and could use all the facilities in the house and garden
- People were involved in the decoration of the home and their rooms were individually personalised with their chosen possessions.

Ensuring consent to care and treatment in line with law and guidance

- 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).
- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities. The service took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS, and had a good understanding of the Act. Appropriate applications had been made to the local authority for DoLS assessments. This told us people's rights were being protected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were happy living at the service. One person said, "I am happy here I can do what I want to do."
- Staff we spoke with demonstrated they knew people well and spoke with kindness and fondness of people.
- We saw that staff had good relationships with people and staff were interacting and talking with people in a relaxed manner.
- Staff had received training in equality and diversity and supported people as individuals.
- We saw from the PIR that one person attended church and was part of the church community, so people's religious views were respected.

Supporting people to express their views and be involved in making decisions about their care

- Care was planned in a very person-centred way and staff had spent time getting to know how to support people to develop their independence.
- People were involved in the planning and reviewing of their care. We saw each day short term goals were set and there was guidance how people could achieve these goals.
- Support plans were regularly reviewed and discussed with people and their representatives.
- Each person was allocated a member of staff as a key worker to support them and work with them to promote their independence and support their everyday needs.
- The manager told us that people's key workers attended all important appointments and reviews as they best knew how to support the person.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's privacy, dignity and independence. People were supported as individuals and had their own routines and activities they followed each day.
- One person told us, "I go out every day and I work as well. My keyworker (staff name) talks about my plan with me."
- A relative told us how supportive staff had been during a very difficult period following a family bereavement, they said, "The staff really did make (person name) a priority."
- People's confidentiality and privacy was protected. Records were stored securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care plans were detailed and had information about people's specific needs, their personal preferences, routines and how staff should best support them to live happy, contented lives.
- Each person's plan was regularly reviewed with them and updated to reflect their changing needs.
- Before people came to live at the service a full pre-assessment was completed to identify how people could be best supported.
- The service remained responsive to people's changing needs and adapted any supported required to meet these.
- Staff had considered how to meet people's information and communication needs and was complying with the Accessible Information Standard, to ensure people had information they needed in a format they could understand.
- People enjoyed varied pastimes and engaged in meaningful activities. One person told us, "I go out all the time, I play football, I work and I walk the dog with my keyworker."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place for staff to follow. People were also encouraged to discuss any complaints or issues with their key worker or at house meetings.
- A relative we spoke with said communication was very good with staff and that they could discuss any concerns.

End of life care and support

- There was no end of life care being actively delivered at the service.
- The manager knew how to actively seek support from the appropriate healthcare services should this become a need.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a positive management structure in place which was open and available to staff when needed.
- Staff told us they felt they had enough management support and that there was an on-call system in place should they need any additional support.
- In addition to the registered manager the senior team consisted of a manager and team leader to help oversee and provide support at the service. During the inspection we met with the manager.
- Staff were clear about their role and told us they worked well together as a team.
- The manager told us, "I am very proud of the staff and the people who live here and what they have achieved."
- Staff shared the managers vision for the service, one member of staff said, "We want people to feel comfortable, to be active and to be motivated to go out and be part of the community."
- The manager understood their regulatory requirements and followed the correct guidance to meet these.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Staff promoted independence for people to live their life to their fullest capabilities.
- Care was planned in a person-centred way to meet individual needs.
- A relative we spoke with was very complimentary of the staff and provider. They said, "I am entirely happy we found the service it came at the right time and they provide, individual non-institutionalised care."
- The registered manager and provider were clear about their responsibility to be open and honest and worked within the duty of candour principles. This meant they provided information and shared with the appropriate people if things went wrong.
- The provider had a website which was up to date with the service provision and displayed CQC reports and ratings.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were actively involved in improving the service they received. They met with their key worker to discuss their care and had house meetings.
- The provider also asked for feedback from relatives and staff and used questionnaires to gain views and opinions.
- Staff had built links in the local community to help people take active part in the area they lived in. For

example, one person told us how active they were working, going to college and had an active social life.

Continuous learning and improving care

- The management team had a good oversight of what was happening in the service, and demonstrated an in-depth knowledge of all areas.
- We saw there were regular audits and management reports completed on the performance of the service.