

Oaklea House Limited

Mr R Jeffries t/a Oaklea House Limited

Inspection report

Oaklea House
Stone Road
Tittensor
ST12 9HE
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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 

Overall summary

The inspection took place on 9 December 2014 and was unannounced.

The home provides accommodation and personal care for up to 12 people with a learning disability. At the time of our inspection 12 people were living at the home.

The home had 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 who lived at the home told us they felt safe. Staff were aware of the actions they should take if they had concerns regarding the safety of people.

Summary of findings

Risk assessments were in place which supported people to remain safe whilst remaining as independent as possible.

Staffing levels were adequate to support people with their daily choices and options.

Recruitment procedures were in place to ensure suitable people were employed. New staff go through a period of induction before working alone.

People's medicines were managed safely; staff were knowledgeable and supported people with their medication as required.

Staff had an understanding of the Mental Capacity Act 2008 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Arrangements were made when people required support with decision making.

People told us they liked the food and they were involved with menu planning.

People's health care needs were met. Records showed that people were supported to see a health care professional when they became unwell or their needs changed.

People told us they had decorated and furnished their bedrooms to their individual preferences.

People's independence was respected and they were encouraged and supported to continue to pursue their hobbies and interests.

Resident and staff meetings took place on a regular basis. Minutes were recorded and we saw examples of where action had been taken when suggestions had been made at the residents' meetings.

Staff told us they felt well supported by the management and worked well as a team.

The safety and quality of the home was regularly checked and improvements made when necessary.

Summary of findings

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. People told us they felt safe and secure.

Risks to people's health and wellbeing were identified, managed and reviewed. This meant people's safety and welfare was promoted.

There were sufficient numbers of staff to meet people's individual needs and keep people safe.

Medicines were managed safely by the staff. This meant people were protected from the risks associated with medicines.

Good



Is the service effective?

The service was effective. People told us they were happy, contented and settled with life at the home.

Staff were aware of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty safeguards (DoLs).

People told us they were able to choose what they wanted to eat and drink.

People were supported to have their healthcare needs met. Where required they received specialist health care treatment.

Good



Is the service caring?

The service was caring. People told us the staff were kind and caring.

People were given choices about their care and support needs and their independence was promoted.

People were able to develop and maintain personal relationships and staff supported people with this.

Good



Is the service responsive?

The service was responsive. People were aware of who they could talk with if they had a complaint or concern about the home.

People were encouraged and supported to pursue their hobbies and interests.

There was a complaints procedure and people were regularly asked their views on the service.

Good



Is the service well-led?

The service was well led. People told us they felt well supported by the manager.

People who lived at the home and staff were involved in the way the home was run.

Good



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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 9 December 2014 and was unannounced.

The inspection was conducted by one inspector.

We looked at the information we held about the service. This included notifications the service had sent us. A

notification is information about important events which the provider is required to send us by law. 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.

During the inspection we spoke with eight people who lived at the home. We spoke with the deputy manager, the area manager and three members of staff. We looked at two care records, medication and staff training records, staff rotas and the provider's quality monitoring audits.

Following the inspection we spoke with a healthcare professional to gain their views.

Is the service safe?

Our findings

We asked people who lived at the home if they felt safe. They all told us they did. One person explained: "I feel safe and at ease here. The staff are always around to help us; we are all one big happy family". We saw some people needed additional equipment and aids to help maintaining their safety. For example, walking frames and protective headwear. Assessments had been completed which gave staff the information they required to support people with their personal safety.

People told us they regularly went out into the local community sometimes with other people and sometimes alone. They went shopping, the local church, college and to the local pubs and restaurants. Risk assessments were in place to support people with their safety at the same time as encouraging and maintaining their independence. For example, some people were at risk when accessing the local community. We saw a road safety risk assessment had been completed. The deputy manager told us road safety and awareness was discussed with people at very regular intervals. In addition people were provided with a mobile phone so that they could contact staff if they needed when they were out. This ensured people were as safe as they could be without compromising their independence and individuality.

Staff told us the action they would take if they had any suspicions that people were not safe. One member of staff said: "I would report it straight away to the most senior person at the time and they would deal with it. I have never seen anything like that while I have been working here". The training planner showed that all staff had received in house safeguarding training in 2014. Information on safeguarding procedures and contact details of the local authority safeguarding team were displayed in the office. This meant staff were trained and had access to information to report concerns.

People told us they liked to have their own money and staff supported them with this. Each person had their own bank account and had their own arrangements for withdrawing money from the bank. Staff told us that they helped people each week to budget their money to ensure they had sufficient finances to do what they wished to do. A record was made of all transactions and receipts for expenditure kept to ensure an accurate account was maintained.

People told us the staff were available to support them when they needed help. We saw staff were accessible and nearby when people wanted them. Additional staff were rostered to work when people required support to pursue their hobbies and interests. The deputy manager told us the current staffing levels were sufficient to meet the current needs of people. They told us: "People who are living here are not getting any younger and as such may need additional help and support throughout the night. We are monitoring the situation". Discussions with the provider were on-going regarding the possibility of reviewing the arrangements for night staff if the needs of people changed. This meant that arrangements were in place for sufficient staff to be at the home to ensure people's needs were met.

The deputy manager told us recruitment for additional care staff was on-going. We spoke with a newly recruited member of staff who was working their first day. They confirmed that references and police checks had all been completed before they were offered a start date. They told us: "I have been given a big file to work through with all information about the home, the training that I need and how to do things properly. I am working with a senior staff today and they are showing me around. It is good so far and I think I will like it. I am getting to know the people and they are getting to know me". This meant that new staff received training and support before they provided care to people.

People's medicines were managed safely. People told us that staff helped them with their medicines and that they had them at regular times each day. Staff supported people to take their medication safely and in line with the prescribing instructions. One person required their medication to be given in a specific way; instructions were clearly recorded on the medication record. Guidance was available for when occasional medicines were needed, for example pain relief. Records were completed each time medication was received from the pharmacist and there was a clear audit trail of the amount of medication on the premises at any one time. Risk assessments and support plans in relation to medication had not been reviewed or updated since 2013. Staff acknowledged that the 'paperwork was not up to date' and told us they would make arrangements for the records to be reviewed. Staff were knowledgeable about the medication needs of people.

Is the service effective?

Our findings

People living at the home told us they were happy and comfortable. One person said: “I am very happy and settled here; I don’t want to move anywhere else. I like the staff and get on well with all the other people living here. I like it”. We saw staff communicated well with people. Good relationships between people had been developed and sustained; people were comfortable in each other’s company.

One person living at the home told us: “The staff are good they look after us very well”. Staff told us the training they received was sufficient for them to do their job. We saw staff were skilled and experienced when interacting and supporting people throughout the day. The training planner indicated that most staff were trained to a National Vocational Qualification level 2 or above. In 2014 staff had received training in first aid, moving and handling, food safety and infection control. The deputy manager confirmed that opportunities for training were on-going for all staff. This demonstrated staff had opportunities to go on training.

Staff we spoke with had knowledge of the Mental Capacity Act 2005 (MCA). The MCA provides a statutory framework for people who lack capacity to make decisions for themselves. We saw an assessment that recorded a person did not have the capacity to make an important specific decision. A meeting was held with health professionals and the person’s representative to determine what was in the person’s best interest and the least restricted action that was needed. The deputy manager explained the current support this person received and we saw they looked relaxed and happy.

The Deprivation of Liberty Safeguards (DoLS) protect the rights of adults using services by ensuring that if there are

restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The deputy manager told us that DoLS referrals had been sent to the local authority for consideration because of concerns with people’s personal safety when they were out of the home. People were not restricted from accessing the community and staff were available to go with them when this was needed. Staff had a good understanding of both MCA and DoLS and gave examples of how they gained consent before they provided care and treatment.

People told us they liked the food and had plenty to eat. Meetings were held with people living at the home to discuss and agree what they would like to eat each week. A menu with these choices was then completed so that provisions for the meals were available. Staff told us that alternatives would be available if people changed their mind. Each day a white board was completed to remind people what had been chosen. Care staff prepared and served the meals; they told us that people were encouraged to help. Some people required a soft diet because of swallowing difficulties, they were provided with this. Staff told us that when concerns had been identified with a person not eating and drinking sufficiently, monitoring records were completed. We observed the lunchtime meal. People used the dining facilities; the meal looked well cooked and appetising.

All people had an individual medical file. This recorded visits to and from health care professionals. For example, chiropodist, doctor, dentist, attendance at the memory clinic and learning disability services. Monitoring of people’s health care needs was recorded in this file and included body charts when sore areas were noted and creams were applied. This meant that people were supported to have their health care needs met

Is the service caring?

Our findings

People who lived at the home told us the staff were kind, helpful and supportive. One person told us: “I am very happy here, the staff are excellent. I like to go shopping and to church each week”. We saw that a small group of people were preparing to go to the local college for a cookery session. Staff told us that people were supported to do what they wanted to do when they wanted to do it. People interacted well with each other, there was lots going on, the atmosphere was lively and busy. Staff were aware of the individual needs of people and supported them with respect and at a level to promote their independence. A health professional told us: “Oaklea House is a family orientated home from home”.

Two people told us they had developed a relationship with each other and that staff supported them when they wished to have time alone. We saw they were very comfortable with their relationship. The deputy manager told us counselling services were arranged where discussions were held with both people to support them

with the relationship in a safe way. We saw that private information contained in their care records was kept secure. This showed that people’s right to privacy was respected.

People told us that they had group meetings where they were able to talk about life at the home, holidays and what they would like to do. The deputy manager told us that at these meetings people were reminded of what to do in the case of an emergency. For example road safety and what to do if the fire alarm sounded. We saw minutes of these meetings which recorded discussions about planning holidays, the food and menu planning, and any concerns that people had. This meant that arrangements were in place to support people to express their views about life at the home.

Some people had to share a bedroom. One person told us that they shared with another person and said: “We get on very well together and I don’t mind sharing”. We saw that the dignity and privacy of people sharing a room may be compromised by the lack of suitable screening to provide personal and private space.

Is the service responsive?

Our findings

Three people told us they had no concerns or complaints with life at the home. One person commented: “There is nothing here to complain about, it’s lovely, we all get on very well together. If I did have a complaint I would speak with the manager and they would help me”. The home had a complaints procedure; a copy in pictorial format was displayed on the notice board within the home. Some people needed pictures and symbols to help them with understanding information. The deputy manager told us that no complaints had recently been received but they would record any concerns and act on them accordingly.

One person who lived at the home told us: “I like it here; the staff look after me very well and help me when it is needed”. People had a care and support plan that was based on their individual needs. This provided staff with information on people’s preferences, likes and dislikes. For example, we saw care plans to support people with their mobility, safety, personal care and relationships. We saw staff provided care and support to people throughout the inspection; this corresponded with the information recorded in the care plans.

People were supported and encouraged to pursue their hobbies and interests. A group of people told us they enjoyed going to the local college and were enrolled on the computer and cooking courses. Some people had their own laptops, one person told us they particularly liked a specific IT programme which they could access and see different parts of the world. The deputy manager told us links had been developed with the local church and people attended the various groups and meetings that were available. One person told us they enjoyed going to church and had lots of friends there. Each person had a written plan to support them with their chosen leisure activities. This meant that the provider supported people to have as much control and choice over their lives as possible and for them to be as independent as they can be.

People were eager to show us their bedrooms. One person told us: “I chose my own wall paper and like it very much. I now have a room that is mine and this is my home”. We saw each bedroom was very different and decorated individually to the person’s preferences and tastes. This showed that people’s views, options and choices were sought and acted upon.

Is the service well-led?

Our findings

The home has a registered manager, supported by a deputy manager and a team of care staff. The manager was not at the home during this inspection. The deputy manager told us that people were free to come and go as they wished and that the 'office was always open to them'. We observed good relationships had been developed, people were at ease and confident to contact the deputy manager when they needed to do so.

People told us they had recently had a meeting where they spoke about Christmas arrangements, the menu and future holidays. One person told us they were going out for a Christmas meal and they were looking forward to it. Meetings were held at regular intervals and gave people the opportunity to discuss things in a group setting that were important to them.

Staff told us they felt well supported by the management team. A member of care staff told us they were able to speak with senior staff or the management of the home at any time they felt the need to do so. Individual and group meetings were arranged for staff, giving them the opportunity to discuss work related issues.

Satisfaction surveys were sent to relatives each year; some completed surveys had been received. We saw a relative added a comment: "I don't think you can improve as it's a lovely caring home. My [relative] is well looked after". Satisfaction surveys were distributed to people who live at the home. These were in written and picture form to help the person with understanding the information. They were asked their views on the care and support they received, the food and the environment. The deputy manager plans to audit the returned surveys in due course and consider any areas of improvement that may be identified. This meant the provider sought people's views to continue to improve the service being delivered.

Systems were in place to regularly monitor the quality and safety of the home. We saw continuous health, safety and quality assurance checks were completed throughout the year. These included electrical safety, maintenance of equipment, medication and care documentation. These identified any areas where action was needed. The provider, manager and deputy manager had regular meetings to discuss how and when the issues would be rectified.