

Oaklea Care Limited

Walliscote Road

Inspection report

11-13 Walliscote Road
Weston-super-mare
Somerset
BS23 1XE

Tel: 07957562455

Date of inspection visit:
22 September 2022

Date of publication:
01 November 2022

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

About the service

Walliscote Road is a residential care home providing personal care up to eight people. The service provides support to people with a learning disability and/or autism. At the time of our inspection there were three people using the service.

People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

Right Culture:

People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 14 January 2022 and this is the first inspection.

Why we inspected

We inspected the service in order to provide the home with a rating.

Recommendations

We made two recommendations in relation to record keeping of incidents and accidents and having clear guidance in place for people new to the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 ●

Walliscote Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Walliscote Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Walliscote Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed all the information we held about the home.

During the inspection

We made observations of the support people received. We spoke with the registered manager and four care staff. We contacted three relatives for their feedback. We reviewed records for the three people being supported in the home and looked at other records relating to the running of the service, such as policies and audits.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to protect people from abuse, however these did require some improvement. We saw that one person had a body map in their file showing bruising. There was no accompanying documentation to explain how these bruises had occurred. Following the inspection, the registered manager was able to provide an explanation for the bruising and documentary evidence to show they had taken steps to support the person concerned.

We recommend that systems for recording incidents and injuries are reviewed to ensure that there is clear contemporaneous information about how injuries occurred and what action was taken.

- We didn't ask people specific questions about how safe they felt, however we observed that people were settled and confident with staff. One person chatted comfortably with a member of staff sharing good humour and laughter.
- Staff were aware of potential signs of abuse that they should report if they came across them. This included things like unexplained bruising or a change in a person's demeanour.

Assessing risk, safety monitoring and management

- One person in the home expressed their needs through behaviour that occasionally presented risk of harm to themselves or others. At their previous placement, there had been a behaviour plan in place, which identified physical restraint as a last resort. The person had been living at the home for two weeks at the time of the inspection but there was no care plan in place specific to this placement.
- The registered manager told us that a behaviour management plan was in the process of being produced and that in the meantime, staff were following the previous plan. It was evident from records that staff had used restraint on this person in the time they had been present in the home.

We recommend that when new people join the service, there are clear interim guidelines, specific to the new placement in place around behaviour.

- In other areas, there were clear guidelines in relation to areas such as taking people outside of the home. Staff were evidently clear on the risks, telling us what support individuals required such as how many staff were required to ensure a person's safety.
- There was a fire risk assessment for the building in place. Not all staff had completed a practice drill for

evacuating the home in an emergency, however they told us they had received training.

- People had a personal emergency evacuation plan (PEEP) in place, though for two people these were not immediately available in their file. We fed this back, so that the registered manager could ensure they were stored in a readily accessible place.

Staffing and recruitment

- Staff fed back to us that staffing levels were safe. However, staff also told us that due to staff leaving and unexpected absences, they weren't always able to take people out as often as they would like to. We fed this back to the registered manager.
- The registered manager told us they had recently signed up to an agency to help ensure they always had sufficient staff available to support people. This was alongside continued efforts to recruit permanent staff.
- There were systems in place to recruit staff safely. This included gathering references and undertaking a Disclosure and Barring Service (DBS) check

Using medicines safely

- There was clear information in people's support plans about how they wanted to be supported with their medicines. One person liked their tablets to be put in food. It was clear this was done with the person's knowledge and staff had checked with the person's GP.
- Medicine administration was recorded on a Medicine Administration Record (MAR) chart.
- There were protocols in place for PRN or 'as required' medicines, to outline the ways in which these could be administered.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to visit the home without restriction, in line with guidance at the time of inspection.

Learning lessons when things go wrong

- There were systems in place for recording accidents and incidents. This enabled the registered manager to

keep an overview and take action when necessary to prevent reoccurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant 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 assessed prior to arriving at the service so that support could be planned and implemented.
- One person arrived at the service following a very difficult bereavement. It was clear that a lot of thought and planning had been put in to place in meeting this person's needs.

Staff support: induction, training, skills and experience

- Staff told us they were satisfied with their training and support and this had given them the skills and knowledge they required.
- Staff were confident in being able to manage needs specific to the people they supported. For example, one person had a medical condition that required particular support and knowledge; staff felt able and confident to support this person.
- Staff felt able to raise any queries or concerns they had and were confident they would be listened to.

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

- There was clear information in people's support plans about their nutritional needs. This included their likes and dislikes and whether there were any risks associated with their eating and drinking. One person required staff to be with them at mealtimes due to the risk of choking.

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

- People had individual rooms which were suited to their needs and personalised as they wished.
- The building was spacious with plenty of room for people to socialise together if they chose to in lounges and activity rooms.

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

- People had health action plans in place, which outlined their health needs and how these would be met.
- There was clear guidance in place describing how people should be supported to make and attend health and medical appointments.
- The registered manager confirmed that everyone would be supported to access a yearly health review with their GP.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Applications to deprive a person of their liberty had been made for each person using the service.
- There was information in people's support plans about the areas they were able to make decisions for themselves and where they might need support. This included how people could be supported with decision making, through the use of objects of reference or pictures.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed how staff treated people with kindness and respect. Throughout our inspection, staff interacted with people in a respectful and kind manner, using appropriate tone of voice and humour. One person told us how they enjoyed going to the seafront with staff.
- Relatives were happy with the care their loved ones received. One relative told us, "We are very happy". Another relative said, "(name) seems incredibly happy after her move".

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

- We observed how people's choices were recorded and respected. It was recorded in one person's care plan how they liked to wear their hair; we saw that the person had been supported to wear their hair in this way.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent and do as much for themselves as possible. One member of staff told us how they supported a person to make their own meals with 'hand over hand' support.
- We observed how staff encouraged a person to take their plate and cup back to the kitchen after finishing their snack.
- We read in people's care plans, how they were able to be independent, for example by choosing their clothes and getting dressed.
- Staff were respectful of people wanting privacy. As we walked around the home, the registered manager commented on one person's door being closed and this meant they didn't want to be disturbed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Families felt fully involved and included in planning care and were confident that staff knew the best ways to support their relative. Comments included, "They have been very understanding about his needs during his initial move into the home", and "They have liaised incredibly well with family to get as much information and advice regarding (name) as possible and if there are any difficulties they do not hesitate to ask (which is very important to us as a family)."
- Care was planned in a person centred way, taking account of people's individual needs and preferences.
- People's preferences and likes/dislikes were set out in a 'one page profile'. For example, we read that for one person routine was particularly important and that they needed their own quiet space. This kind of information helped staff understand people as individuals with their own unique needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew people well and understood their communication needs. Staff explained for one person how they used pictures to support their verbal communication.
- For people who expressed their needs through behaviour, there was clear information in their support plans about how they showed their feelings.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain contact with family and others who were important to them. People's care files contained a list of family members and their birthdays, so that people could send cards and presents if they wished to.
- People were supported to go out in the local area and staff told us they were able to take people out regularly. They told us they would like to do this more, but staffing issues had meant this was difficult at times. We fed this back to the registered manager.
- There was dedicated space in the home for people to take part in activities if they wished to. We saw a room containing art and craft activities.

- We read in one person's care plan about their favourite videos and when we met this person in their room, these videos were playing for them. They also had a game on the table in front of them, which they were engaged in.

Improving care quality in response to complaints or concerns

- There had been no formal complaints in the time the home had been operating, however we saw there were processes in place to manage complaints. The complaints policy outlined the timescales for responding to concerns.
- The provider had 'freedom to speak guardians', who could support people to raise concerns and make complaints if they needed to. People were also able to access advocates.

End of life care and support

- Nobody was receiving end of life care at the time of inspection.
- The service would seek support from relevant service and professionals, should the situation arise where a person was being supported at the end of their life.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive, person centred culture within the service; staff knew and understood people's needs well. Staff treated people with kindness and care.
- In the relatively short time people had been living in the home, it was clear they had built positive relationships with staff and were supported to follow their interests and maintain contact with their families.
- Family members told us they felt involved in their relative's care and communication with the service was good.
- Staff felt supported and confident about raising any issues or concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There had been no incidents in the time the service had been running which were reportable under the duty of candour, however the registered manager understood their responsibility to open and honest with people and their representatives.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care.

- There were systems in place for managing quality and safety within the service. Medicines were audited for example, which included checking stock levels of medicines and that staff had signed MAR charts.
- Any actions arising from audits were put in an action plan and tracked to ensure they were completed.
- People had opportunity to feed back their views and opinions about the provider, as part of a survey.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in making decisions about their own care. Information was included in people support plans about how they could be encouraged to be involved in making decisions.
- Staff were positive about working in the home and the support they received. One member of staff said, "I feel very confident to ask questions". When asked about senior staff within the organisation, another member of staff told us, "all amazing couldn't fault them".
- Staff meetings were held in order to keep staff informed of important developments in the service and to discuss how well people's support was working.

Working in partnership with others

- The service worked with other health and social care staff to meet people needs. We read feedback from a person's social worker praising staff for how they had supported a person to settle in to the home after a particularly difficult bereavement.
- One family member told us how they had recently had a meeting with the home and social worker to discuss their relative's needs.