

Osei Minkah Care Limited

Oak Cottage

Inspection report

Oak Cottage Oak Street
Merridale
Wolverhampton
West Midlands
WV3 0AD

Tel: 01902681235
Website: www.oseiminkahcare.org.uk

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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

This unannounced inspection took place on 27 and 28 April 2016. At our last inspection in April 2014 the provider was not meeting the requirements of the Health and Social Care Act 2008 because they had no effective quality assurance system in place. At this inspection we looked to see if they were now meeting the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and found they were.

Oak Cottage provides accommodation and personal care for up to five people with a learning disability or mental health needs. At the time of our inspection there were three people living there. The home had a registered 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.

People who lived at the home told us they felt safe. People told us and we saw there were sufficient numbers of staff to meet people's needs. Risks to people's health and safety were well managed by staff. There was a system in place which ensured staff were recruited safely. People received their medicines on time.

People were supported by staff who had appropriate training to meet their needs. The registered manager had considered people's capacity to make decisions for themselves. Staff understood the principles of the Mental Capacity Act. People told us they enjoyed the food at Oak Cottage and they got a choice of what they wanted to eat. People had access to outside health professionals when their health needs changed.

People told us they were supported by kind and considerate staff. Staff knew the care needs of people who lived at the home. People were involved in their care. Staff respected people's privacy and dignity.

Staff understood people's individual care needs. People's likes, dislikes and preferences were taken into account by staff when they supported them with care. People had access to leisure activities of their choice. People told us they knew how to make a complaint. Systems were in place to monitor complaints.

There was a system in place to monitor the quality of care people received. People were involved in the development of the service. People told us they were happy living in the home. Staff felt supported by the registered manager.

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.

People told us they felt safe.

Staff knew how to protect people from the risk of abuse. There were sufficient numbers of staff to meet people's needs. The provider had a safe recruitment process in place. People received their medicines on time.

Is the service effective?

Good ●

The service was effective.

Staff had appropriate training to support people. People's rights were protected because the registered manager had considered their capacity in line with the principles of the Mental Capacity Act. People's nutritional needs were met. People had access to other healthcare professionals when they needed extra support in order for them to remain healthy.

Is the service caring?

Good ●

The service was caring.

People told us they were supported by kind and caring staff. People were involved in their care. People's privacy and dignity was respected by staff.

Is the service responsive?

Good ●

The service was responsive.

People told us they were supported by staff who understood their individual care needs and were supported by staff to make choices. People were able to choose how they spent their leisure time.

When people had concerns they felt confident in raising them with staff and that they would be listened to and action taken when necessary.

Is the service well-led?

Good 

The service was well led.

A system was in place to monitor the quality of care people received.. People were involved in the development of the service.

Staff told us they were supported by the registered manager.

People were happy living there.

Oak Cottage

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 27 and 28 April 2016 and was unannounced. The inspection team consisted of one inspector.

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 used this information to help us plan our inspection.

As part of our inspection we contacted commissioners that had involvement with the service to ask their views of the service and see what information they held. We reviewed all the information we held about the home since our last inspection including the notifications they had sent us. A notification is information about important events which the provider is required to send to us by law. We used this information to plan our inspection.

During the inspection we spoke with three people, one relative, three members of staff, the deputy manager and the registered manager. We looked at one person's care record, two staff files and three people's medicine records.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel really safe here because we have new gates". Staff told us how they kept people safe. For example, they ensured the home was a safe environment and anything which may affect people's safety was cleared away.

Staff had received training in safeguarding and understood how to recognise signs of abuse and what to do should they suspect anyone had been abused. Staff told us they would report abuse to the manager and if the manager failed in their duty to report it, staff were aware of the process in place to report abuse outside of the organisation to the local authority who are responsible for investigating any allegations of abuse.

Where people had identified risks to their health and safety, assessments were in place. Staff were aware of people's individual risks and understood how to manage them. For example, they explained how one person was alcohol dependant. They explained to us how they supported a person to manage their risks by attending a local support group. People's risks were managed by staff who understood their needs.

People told us and we saw there was sufficient staff to meet their needs. One person said, "There are always enough staff to help me when I need them". Staffing levels were calculated on the needs of people and depended on the one to one support they received from staff. Staff told us there were sufficient staff to support people and they were able to spend time with people encouraging them if they needed it. We saw staff were always available throughout the inspection should people need any additional support. People were supported by sufficient numbers of staff to meet their needs.

We saw the provider had recruitment processes in place to ensure staff were suitable to work with people who lived at the home. Staff told us the registered manager had asked them to bring in documents prior to them starting work. This included references from previous employers and important legal documents such as disclosure and barring checks (DBS) were completed. We also looked at two staff files which confirmed the provider had safe and robust recruitment practices in place.

People told us they got their medicines on time. One person said, "They give me my tablets every day". Another said, "I get my medicine every morning". However, one person told us sometimes they decided to stay out with family and missed their evening medicine. Staff told us this was usually when they decided to stay at the last minute. Staff told us the medicine was to help manage their anxiety and could be given the following day.

We looked at the controlled medicines book. Controlled medicines are prescription medicines and are controlled under the Misuse of Drugs legislation and as such they are subject to stricter legal controls. We saw on a few occasions only one person had signed to say the medicine had been administered when their policy stated two staff should sign for controlled medicines. Staff told us this was because the second member of staff was out with people supporting them in the community.

We looked at two people's medicine administration charts (MAR) to see if they received their medicine on time which they did. Staff told us they had received training in administering people's medicines and they were all able to check medicine in from the pharmacy when it was delivered each week. A daily count of people's medicine ensured running totals were correct.

We looked to see if individual guidance was in place for people who took some medicine 'as required.' We saw no guidance was in place. However staff understood the needs of the people and were able to tell us when people needed these medicines. Staff told us they would record this with people's medicine records in the future.

Is the service effective?

Our findings

People told us staff were well trained and able to support them well. One person said, "Staff have the right training. They help me to do the things in the house I can't". Another said, "They look after me well". Staff told us they received regular training and had recently received medicines training. Two members of staff told us they were being supported to complete management qualifications by the registered manager. One member of staff said, "I am encouraged to develop in my role". Staff told us they had received a good thorough induction which meant they received the training they needed and got to know the people they were supported before working alone.

People told us staff gained their consent before they delivered any care. One person said, "Staff prompt me. They don't do anything I don't want to". Staff understood how people consented to care and what to do when they chose not to receive the care. For example, one member of staff told us about a person who preferred not to get washed. They told us how they encouraged the person but could not go against their wishes.

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 Act 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. Staff told us they had received training and they understood the principles of the Mental Capacity Act. One member of staff said, "It is when a person has not got the capacity to make their own decisions". The registered manager and staff told us they had considered people's capacity to make their own decisions and had concluded that all of the people who lived in the home currently had the capacity to make their own decisions about their care.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and the staff told us at the time of the inspection none of the people who lived in the home were being deprived of their liberty. One person told us, "I can spend my time doing what I want. I can go out when I want by myself". Although at the time of the inspection people had not been deprived of their liberty staff understood what this meant for people. One member of staff told us, "We may need to deprive them of their liberty in order to safeguard them from harm". People were supported to make their own decisions about their care.

People told us they enjoyed the food and that they were given choices about what they ate. One person said, "The food is alright. We have everything I like. Pizza, curry and sausages". Staff told us they encouraged people to help with the weekly shop and they helped plan the menus for the week ahead. Although people planned their menus and could choose their own food, mealtimes were flexible to accommodate people's own choice of when they wanted to eat. We saw fresh fruit and vegetables were available for people should they choose to eat a healthier diet. One person told us they liked cheese. Staff told us they had discussed this person's diet and encouraged them to eat a healthier option of a low fat cheese. People were supported

to have a diet of their choice and their preferences were respected by staff.

People told us they didn't need to see the doctor or anyone else because they were healthy. Staff told us they supported people to attend the doctors, the opticians and sometimes the hospital when people's health needs changed. Staff gave us examples of when they have attended hospital appointments to support people manage their health conditions. People had access to healthcare professionals when their health needs changed.

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said, "Every one of them is nice". Another said, "The staff are nice. They listen to me". We heard staff speaking to people in a kind and caring manner. We heard staff encouraging people with daily tasks. For example, asking people were their rooms tidy and had they left the kitchen clean and tidy when they had finished using it. The atmosphere in the home was calm and relaxed and people were happy talking with staff. We saw staff understood people's communication needs. For example, we heard staff supporting one person when they found it difficult to communicate with them. Staff took their time and went at the person's own pace to ensure the person understood the meaning of the conversation.

People told us they were supported to be involved in their care. One person said, "I have a monthly meeting with the staff to discuss all areas of my care. We sit down and discuss it together and decide what we are going to do". Another person told us, "Staff talk to me about my care. They talk to me nicely and in a friendly way. They look after me well". Staff told us they had a key worker system which meant people and their families have a delegated member of staff to whom they can talk to and a first point of contact if they wished to discuss their care. Staff told us this worked well particularly if a person's needs changed. We saw in one person's care record monthly reviews had taken place which involved staff, their family on some occasions and themselves. People were supported to be involved with their care.

People told us and we saw staff respected their privacy and dignity. One person said, "They don't come into my bedroom. They let me have my privacy". We saw staff respected people's privacy and dignity and supported them to make choices about how they chose to live their lives. Staff told us people's rooms were their own private space. The only time they went into people's bedrooms was when risks had been identified and they needed to ensure people's safety and well-being.

We saw people were encouraged and supported to maintain their independence. One person said, "I do everything I can myself. I clean my own room. Do my own washing. I choose my own food and sometimes do my own shopping". We saw people were encouraged to keep their bedrooms clean and tidy and to prepare their own food when able.

People were supported to maintain relationships that were important to them. People gave us examples of how they spent time with their friends and family members socialising in the community and visiting them in their homes. The registered manager told us they organised events such as barbeques which were attended by some families which encouraged people's families to visit.

Is the service responsive?

Our findings

People all told us they were happy with their care and how staff supported them. One person told us they mainly looked after themselves and staff supported them to do this. They worked one day in the week which they told us they enjoyed. Staff told us they respected people's choices and preferences with regards to their care and how they spent their time. They explained they may not always agree with the choices made but understood people's right to make their own choices. Staff were confident people were aware of the consequences of their choices. People told us they chose how to spend their time and staff may not always agree with them but advised them how to remain safe where possible. For example, if people chose not to clean their bedroom it was up to them. Staff were aware of people's routines and backgrounds and we saw their choices were respected by staff. For example, one person had gone out for the afternoon and whilst out decided to stay out and return the following morning. People's individual care needs and choices were respected by staff.

We saw important information about people's care needs and any changes in people's needs was passed on to staff coming on duty during a handover. Information regarding people's whereabouts and what time they were expected back was passed on to the staff starting their shift as well as information regarding any impending visits so as staff were aware of any places people needed to be.

People told us how they spent their leisure time. One person said, "I like painting, drawing and colouring and going out". Another told us they spent their time meeting friends and family. A third told us they chose what they wanted to do on a daily basis and they liked going swimming. They also said they attended college on a weekly basis. We saw people spent their time doing what they wanted and made their own choices about what they wanted to do. We saw one person playing computer games on the television. We saw the person enjoyed this and they told us it was how they liked to spend some of their time. People enjoyed going to local facilities during their leisure time and they were supported to do this by the staff team. People were encouraged to follow their hobbies and interests in the home and in the community.

People told us they would be happy speaking to staff if they had a problem or a concern. One person said, "I usually tell the staff. I have told staff when I am not happy about something and staff did something about it". Another person told us they were happy to speak with staff and thought they would be listened to. They had not had a reason to complain about their care. We saw there was an easy read complaints procedure available for people to view in the hallway. We looked at the complaints record and none had been recorded. The registered manager told us there had been no complaints over the last twelve months. There was a complaints system in place and people were happy to raise concerns should they need to.

Is the service well-led?

Our findings

At our last inspection in April 2014 the provider was not meeting Regulation 10 of the Health and Social care Act 2008 (Regulated Activities) 2010 because there was no effective audit system in place to monitor the care people received. Since our last inspection the law has changed. On this inspection we looked to see if the provider was meeting the requirements of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found improvements had been made and they were now meeting the requirements of the law.

We asked the registered manager how they monitored the quality of the care people received and how they looked to improve the quality on an ongoing basis. They told us they were constantly reviewing the environment and making changes when necessary. For example, they had recently had a new kitchen and carpets fitted and a new security system. We saw medicine audits were being completed on a regular basis and people were happy with the care they received. Whilst the registered manager was not always present in the home we saw on the day of our inspection they interacted with the people living there and checking with them if they were happy with everything. There was a system in place to ensure care plans were reviewed and kept up to date. The registered manager told us they were introducing a new more formal system to monitor the care people received.

The registered manager told us how they involved people and their relatives in the running of the service. They told us people had been involved in choosing new carpets and paint for around the home. They told us they had plans to involve people in interviews when new staff were recruited. They also planned to introduce questionnaires for people and their families to share their views and give written feedback on how the service is run.

The Provider Information Return (PIR) the registered manager returned to us prior to the inspection informed us there were regular management meetings to ensure the service was well led. At our inspection they told us they were not formal meetings but the management team spoke on a daily basis to ensure people were safe and to discuss any areas which may need attention the following day.

People told us the service was well led and they were happy living there. One person told us there was a good atmosphere in the home and they all got on very well together. Another person said, "I am very happy living here". Staff told us they were happy working there and they felt supported by the registered manager. One member of staff said, "It's a happy place to work". Another said, "If I ask for training I will get it". Two members of staff told us although they received supervisions they would like them on a more regular basis. The registered manager told us they would introduce more regular formal supervisions for staff following our inspection. Staff told us the registered manager was not there all the time but if they needed to speak to them they could call them if required.