

Calton Systems Ltd







Oaklands 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?		Requires Improvement	
Is the service well-led?		Good	

Overall summary

This was an unannounced inspection which took place on 28 October 2014. Oaklands House is registered for up to 13 people who have been diagnosed with mental health needs. There were 12 people living at the home on the day of our inspection. Accommodation is provided in single en-suite rooms.

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 living at Oaklands House told us they felt safe. Staffing levels varied according to people's care needs and planned activities in the community. Safeguarding procedures were robust and members of staff understood their role in safeguarding the people they supported. Staff also understood the restrictions

Summary of findings

imposed on people under the terms of the Mental Health Act 1983. We found that recruitment procedures were thorough so that people were protected from the employment of unsuitable staff.

We saw that medicines were managed correctly in order to ensure that people received their medicines as prescribed. Members of staff responsible for the administration of medicines had received training and their practice was regularly assessed to ensure correct procedures were followed.

Staff told us they were supported by management and received regular training to ensure they had the skills and knowledge to provide effective care for people who used the service. Staff had also received training about the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards so they knew when an application should be made and how to submit one.

People who used the service said the meals were good and they could help themselves to snacks and drinks throughout the day. People told us that members of staff were kind and treated them with dignity and respect.

People's personal preferences, interests and diverse needs had been recorded in their individual care plans. These plans were reviewed regularly and amended to

reflect people's changing needs. The registered manager and staff worked closely with other health and social care professionals such as the Community Mental Health Team to ensure people's needs were met.

People who used the service were supported to access leisure activities in the local community and to visit local amenities such as the shops and pubs. People were also encouraged to take part in leisure activities organised at Oaklands House.

People were given the opportunity to express their views about the care and facilities provided at Oaklands House at their regular meetings and by completing satisfaction surveys. The recently completed surveys we saw indicated that people were mostly satisfied with the care and support provided at the home. Copies of the complaint's procedure were readily available to people who used the service. Although no one had made a complaint during the last year a number of people told us they did not feel confident to do so.

There were systems in place for assessing and monitoring the quality of the service provided. We saw that audits completed regularly by the registered manager covered all aspects of the service provided.

The members of staff we spoke with told us they enjoyed working at the home and said the registered manager was approachable and supportive.

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 who used the service told us that Oaklands House was a safe place to live. The members of staff had a good understanding of safeguarding procedures.

Staffing levels varied in order to meet people's needs.

Arrangements were in place to ensure that medication was managed safely.

Good



Is the service effective?

The service was effective. People's personal preferences were considered in the planning and delivery of their care.

Members of staff were supported to access training appropriate to their role including nationally recognised vocational qualifications.

People were registered with a GP and had access to other health and social care professionals.

Good



Is the service caring?

The service was caring. People were invited to visit the home several times before deciding to move in.

People who used the service told us the staff team were kind and caring. During our inspection we saw that people were treated with respect.

Good



Is the service responsive?

The service was responsive. People were given the opportunity to take part in activities organised at Oaklands House and in the community.

Peoples care plans were reviewed regularly to enable members of staff to provide care and support that was responsive to people's needs.

People who used the service had recently completed surveys which indicated that they were satisfied with care provided.

Requires Improvement



Is the service well-led?

The service was well led. People told us the manager was kind and caring and they could talk to her.

Members of staff said the registered manager was supportive and they enjoyed working at Oaklands House.

The registered manager had a system in place for assessing and monitoring the quality of the service provided.

Good



Oaklands 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.

Our unannounced inspection at Oaklands House took place on 28 October 2014. We spoke with 10 people who used the service, three members of staff, the registered manager and a visiting healthcare professional.

The inspection team consisted of a lead inspector and an expert-by-experience. 'An expert-by-experience is a person who has personal experience of using or caring for someone who uses mental health services.'

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us and the provider information return they had completed. The provider information return gave us information about the care and facilities provided at Oaklands House. We contacted the local authority safeguarding team and the commissioners of the service to obtain their views about the service.

During the inspection we observed the support provided by staff in communal areas of the home. We looked at the care records for three people who used the service and medication administration records for 12 people. We also looked at the training and supervision records for two members of staff, minutes of meetings and a variety of other records related to the management of the service.

Is the service safe?

Our findings

All the people we asked who used the service told us they felt safe at Oaklands House. One person said, “I feel very safe and happy here and I never want to move. I like all the staff and the owner they are very kind and helpful”. Another person said, “The staff are lovely.” This person also explained that they would tell a member of staff if they were unhappy about anything.

The members of staff we spoke with had a good understanding of safeguarding procedures and knew the action they must take if abuse was suspected or witnessed. Staff also told us that they had received training in safeguarding vulnerable adults from harm. This was confirmed by the training records shown to us by the registered manager. Information we received from the local authority prior to this inspection stated there had been no reported safeguarding incidents in the last year.

We looked at records of financial transactions involving people’s money. The records we saw confirmed that procedures were robust and should help protect people from financial abuse. One person said, “I don’t have to worry about my money the staff look after it for me” We were shown a record of the financial arrangements in place for another person who needed support to manage their finances when they were out in the community. This person had signed the record to indicate their agreement with these arrangements. They said, “If I had my money I would spend it all at once.”

We looked at the care records of three people who used the service and found that risks to people’s health and safety had been identified. Care plans which provided directions for staff to follow about how to manage these risks were also in place. Identified risks included falls and the safety of people when they were out in the community.

We saw that suitable arrangements were in place for the safe storage of medicines which reduced the risk of mishandling. We looked at the medication administration records of people who used the service and found these had been completed correctly. These records included details of the receipt and administration of medicines. A record of unwanted medication returned to the pharmacy was also available. Examination of records confirmed that all members of staff had received training in the management of medication. A senior member of staff

regularly audited all aspects of the management of medication including staff competence. This process was designed to identify any problems and ensure that when necessary appropriate action was taken. The people we spoke with had little if any information regarding their medication. One person said, “I don’t know what meds I take but I think I take some for my memory.” Another person said, “I just take what they give me.” However, the registered manager explained that the consultant psychiatrist visited monthly and reviewed medication individually with each person who used the service. This gave people the opportunity to discuss the medicines they were prescribed and express any concerns about side-effects.

We looked at the file of a member of staff appointed in the last year. This file indicated that all the required information had been obtained before this member of staff had started working at the home. This included an application form with details of previous employment and training, an interview record, two written references and a criminal records check from the Disclosure and Barring Service. These checks helped to ensure that people who used the service were protected from the employment of unsuitable staff. However, we noted that people who used the service were not currently involved in the recruitment process for members of staff. The registered manager expressed her intention to involve people in the future.

The registered manager told us that staffing levels varied according to the needs of people who used the service. There was a minimum of two support workers on duty during the day with additional staff when necessary to facilitate activities in the community and accompany people to medical appointments. However, one person wrote the following comment on a recent survey, ‘I would like the staff to sit down and have a chat.’ Another person told us they did not feel supported enough to maintain their independence and said, “I would like to go out more but they don’t have the staff”. However, the registered manager showed us the activity plans which were completed weekly with each person who used the service. The registered manager said that people sometimes changed their minds and didn’t always want to go out as planned.

We saw that appropriate risk assessments and evacuation plans were in place in the event of emergency situations

Is the service safe?

such as fire. People who used the service and members of staff practiced the evacuation procedure every six months so they were familiar with the procedure and would know what to do in an emergency.

Is the service effective?

Our findings

People who used the service told us they received the care and support they needed from the staff team. One person said, “They seem to know what they are doing but I haven’t seen their credentials and most of them are okay.” One person wrote on a recent satisfaction survey, ‘There’s always someone there when you need someone to talk to.’

Information we received prior to the inspection from the local authority confirmed that they thought people who used the service received effective care at Oaklands House.

At the time of this inspection four people lived at Oaklands House under the requirements of the Mental Health Act 1983. Detailed information about the restrictions imposed under this legislation was included in people’s care records. This meant that staff had the information they needed in order to understand how these restrictions impacted on the daily lives of these people including the care and support they required.

The registered manager had a system in place to support the staff team to provide effective care for people who used the service. Two members of staff we spoke with told us they had regular supervision meetings with the manager. They both said they found these meetings helpful and supportive and gave them the opportunity to discuss issues relating to their work including training. Records of these meetings were kept in the staff files.

The members of staff we spoke with told us that a programme of training was in place to make sure that the care and support provided was in line with up to date guidance. Members of staff were also supported to obtain nationally recognised qualifications in health and social care. The training records we looked at confirmed that staff had received training relevant to their role. This included health and safety, infection control, dignity in care, food hygiene, challenging behaviour, first aid, moving and

handling and palliative care. Training about the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) had also been provided so that staff understood the procedure to follow if a person was unable to make decisions about their own care and treatment. Although there were no authorisations for DoLS in place at the time of our inspection this training should help ensure that people who lacked capacity received safe and appropriate care.

The registered manager explained that all newly appointed members of staff were required to complete a structured induction programme. This involved learning about the company policies and values and the responsibilities of their role. A new member of staff explained that as a result of the training they had received they felt confident in their role as a support worker and enjoyed working at the home.

People who used the service said the meals were good. One person said, “The meals are lovely.” Another person said, “The food is really good, and we can have a cooked breakfast if we want one.” We were told that members of staff prepared the main meal which was served in the evening. People were supported to prepare their own breakfast and lunch. They were also encouraged to help themselves to snacks and drinks throughout the day. Fresh fruit and vegetables were readily available in order to ensure that people were offered a healthy and balanced diet. People were weighed regularly and when weight loss was detected advice was sought from the person’s GP.

Care records indicated that people were registered with a GP and had access to other healthcare professionals such as dentists, opticians, podiatrists and the community mental health team. People told us that staff reminded them when health care and dental appointments were due. Members of staff also accompanied people to attend these appointments if appropriate. This confirmed that people were supported by staff to maintain and promote their health and wellbeing.

Is the service caring?

Our findings

People who used the service told us that members of staff were kind and compassionate and treated them with dignity and respect. One person said, “Before I came here I agreed my plan of care which sets out my health, social and personal care needs which maximises my independence. The staff work with me to achieve this.” Another person said, “The staff do respect my privacy they always knock on the door before they come in.” Accommodation was provided in single en-suite bedrooms which ensured people had their own private space.

The inspection process involved spending some time in communal areas of the home. We saw that members of staff spoke to people in a polite and friendly manner. During the evening meal we saw that members of staff treated people with respect and offered appropriate assistance when necessary.

Arrangements were in place for the manager and another member of staff to visit and assess people's personal and mental health care needs and abilities when a referral was made to the service. Information was also obtained from other health and social care professionals such as the person's social worker and community mental health team. People were then invited to visit the home several times to meet the people living there. This process helped to ensure that people would get on well together and the new person's needs could be met at Oaklands House. People

new to the service were given a welcome pack which provided detailed information about the home and the support people could expect to receive from members of staff.

The registered manager told us that people were given information about how to contact advocacy services on admission to the home. Advocacy services help people to understand their rights and express their views about the care provided at Oaklands House. The registered manager also said that when necessary people were supported and encouraged by members of staff to access these services.

Members of staff encouraged and supported people to be as independent as possible which included helping with a variety of household tasks. Where possible people kept their own rooms clean and tidy and did their own laundry.

Meetings for people who used the service were held regularly. At these meetings people were encouraged to express their views about the care and support provided at Oaklands House. One person told us these meetings were helpful and said, “You can say what you want.”

People were also given the opportunity to express their views about the care and facilities provided at the home by completing satisfaction surveys. We saw that the comments people had written on the most recent survey were mostly positive. People's comments included, ‘I love living here and get on well with all the staff’, and ‘Overall I'm happy.’

Is the service responsive?

Our findings

We found that some aspects of the service were not responsive. People who used the service told us that staff and management were usually responsive to their needs. One person said, “I wanted to my own choice of colour paint for my room; my choice of furniture the staff was really helpful and supportive with me”.

People told us their only complaint was about having to vacate the lounge at 11pm even if they were watching television. One person said, “You have to go to your room at 11pm because the lounge is the staff bedroom and the smoke room is also locked because the night person goes to bed. We are not allowed down until 7am”. This meant that people’s choice and access to community facilities for recreational activities and smoking were restricted due to staffing arrangements at the home.

Four people told us there were very few activities available and they would like more. One person said, “It’s very boring sometimes and all we do is sit and smoke, they don’t do much with us”. Another person said, “I would like to go out more but they don’t have the staff”. This person told us they did not feel they were supported enough to retain their independence. However, the registered manager told us that people were supported and encouraged to visit their relatives and access activities in the community such as walks, visits to local pubs and attending classes for Tai Chi and arts and crafts.

The registered manager explained that people were asked about their support needs and personal preferences such

as daily routine and preferred form of address as part of the care planning process. People were encouraged to sign their care plan to indicate that they agreed with care and support provided at Oaklands House. However, most of the people we asked were unsure about their care plan. The manager told us that a new system for care planning was going to be introduced. This system was called ‘Fair Access to Care’ and would further involve people who used the service in the care planning process.

We saw that people’s care records were kept under review and were updated when necessary to reflect people’s changing needs and any recurring difficulties. This helped the staff team to provide care and support that was responsive to people’s needs.

People were given the opportunity to express their views about the care and facilities provided at the home by completing satisfaction surveys. We saw that the comments people had written on the most recent survey carried out in October 2014 were mostly positive. People’s comments included, ‘I love living here and get on well with all the staff’, and ‘Overall I’m happy.’

A copy of the complaint’s procedure was included in the welcome pack which was given to people on admission to the home. However, one person said, “I wouldn’t complain because it’s much better than where I was before.” Some people told us that although they knew how to make a complaint they did not have the confidence to do so. We discussed this issue with the registered manager who expressed her intention to address the problem. Records confirmed there had been no complaints in the last year.

Is the service well-led?

Our findings

People who used the service told us they could talk to the registered manager and said she was kind and caring. However, they did not think the registered manager knew them as well as the staff did but still felt they could approach her.

There was a manager in post who had been registered with the Care Quality Commission since September 2014. Members of staff told us the registered manager was approachable and supportive and said they enjoyed working at the home. One care worker said, “The manager’s lovely, approachable, supportive and understanding.”

Members of staff told us they were aware of the whistleblowing policy and said they would not hesitate to report any concerns about the practise of their colleagues. They were confident that any concerns would be acted on immediately.

There were records to demonstrate that staff meetings were held regularly. At these meetings work related issues such as the needs of people who used the service,

medicines and the cleaning rota were discussed. Members of staff were also given the opportunity to express views about the service and discuss any matters that affected them.

Staff handover meetings took place at the beginning of each shift. This informed staff coming on duty of any problems or changes in the support people required in order to ensure that people received consistent care.

Systems were in place for the registered manager to monitor the quality of the service provided. These included regular audits of medication, infection control, the environment and health and safety. We saw completed audits during the inspection which enabled the registered manager to identify and address any shortfalls.

There were records to demonstrate that fire safety equipment was tested and serviced regularly. Evacuation procedures were practiced every six months by people used the service and members of staff. This should help to ensure so that appropriate action was taken in the event of a fire or other emergency.