

Oaklea House Limited

Mr R Jeffries t/a Oaklea
House Limited

Inspection report

Oaklea House
Stone Road
Tittensor, Stoke On Trent
Staffordshire
ST12 9HE

Tel: 01782373236

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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

About the service

Oaklea House is a residential care home providing personal care to ten people at the time of our inspection. The service is registered to support up to 12 people, in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. Ten people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size and staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

People's end of life wishes were not recorded, however the registered manager stated they were aware of people's wishes and they would record these in people's care plans. People received personalised care responsive to their needs and the service was meeting people's communication needs. People were supported to take part in activities that were of interest to them and people told us they felt able to complain should they need to.

Systems were in place to ensure people were protected from the risk of potential abuse. Staff were safely recruited and there were enough staff to meet people's needs. People could be assured they received their medication safely and staff had access to personal protective equipment such as gloves and aprons. Risks were assessed and planned for and lessons were learned when things had gone wrong.

People had their needs and choices assessed and were supported to maintain their nutritional needs. The service had been adapted to meet the needs of the people who lived there, and people were able to personalise their bedrooms as they wished. Staff received training in order for them to support people effectively and people had access to healthcare.

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.

People were supported by kind, caring staff who knew them well and they felt able to express their views. People's dignity was respected, and their independence was promoted by staff.

The service promoted a positive, person-centred culture and engaged people using the service. Managers and staff were clear about their roles and regulatory requirements were met. The provider was aware of their duty of candour and worked in partnership with others.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (29 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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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 Care Act 2014.

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

Oaklea house is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, regional quality manager and care workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment, and staff supervision. We also reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who have worked with the service and one relative.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of potential abuse as the provider had systems in place to safeguard people from abuse.
- People told us they felt safe. One person told us, "I feel safe, it's a safe environment and staff look after me."
- Staff had received safeguarding training and were aware of the different types of abuse and signs to look out for.
- Where concerns had been identified the registered manager had informed the appropriate agencies to make sure people were safe.

Assessing risk, safety monitoring and management

- Potential risks to people were assessed and planned for. For example, where people had health conditions such as epilepsy, plans were in place for staff to follow so people received the correct support.
- Environmental checks had been completed, for example gas and electrical checks to ensure a safe living environment was maintained.
- Personal evacuation plans were in place to instruct staff on how support people to leave the home in emergency situations.

Staffing and recruitment

- Staff were safely recruited. Disclosure and Barring Service (DBS) checks had been completed for new staff. DBS checks help employers make safer recruitment decisions.
- People who lived at the service were actively involved in the recruitment of staff. One person told us, "I take part in interviews for new staff." People also told us the registered manager listened to their opinions about potential new staff.
- People were supported in line with their funded hours. Services that fund people's hours can include the local authority and clinical commissioning groups.

Using medicines safely

- People could be assured they received their medication as prescribed.
- People told us staff supported them with their medication. One person we spoke with told us, "I wanted to stop taking a medication that I had taken for a long time and a staff member was supporting me to do this."
- Medication administration records were completed, and guidance was in place for staff to follow should people require 'as and when' medication.
- Medication was stored securely, and stock levels were kept ensuring people were receiving their medication as prescribed.

Preventing and controlling infection

- People were protected from the potential risk of cross infection.
- We saw personal protective equipment (PPE), such as gloves and aprons were readily available for staff to access.
- The environment was clean, and the kitchen had been inspected in April 2019 by the Food Standards agency and received a rating of 'very good'.

Learning lessons when things go wrong

- The provider had system in place to ensure lessons had been learned when things had gone wrong. For example, accidents and incidents were investigated and changes made were and when necessary to ensure people were kept safe.

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.

At the last inspection this key question was rated as requires improvements due to the provider not completing mental capacity assessments when necessary. At this inspection this key question has now improved to 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 care and support needs were assessed prior to them moving to Oaklea House. This ensured the service could meet the needs of the person.
- Care and support was delivered in line with guidance to achieve effective outcomes for people. For example, where people had behaviour which may challenge, plans were in place which had been developed with health professionals to guide staff on how best to support a person.

Staff support: induction, training, skills and experience

- Staff received training and support in order to support people effectively.
- One person told us, "I feel staff have had the right training to support me."
- An induction was in place for new staff and one staff member told us, "When I started I received a full induction and training which I felt was suitable for my job."
- Another staff member told us they had received, "Good training when they first started." Records confirmed staff received regular training.

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

- People received enough to eat and drink at Oaklea House and told us they enjoyed the food.
- One person we spoke with told us, "I am offered choices" [about the food] and they, "Menu plan weekly and choose what they will have to eat the following week."
- Where people had dietary requirements, there was guidance for staff to follow and we saw people receiving this support from staff.

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

- People were supported to access health care when necessary. One person we spoke with told us, "If I wanted to see a doctor staff would arrange an appointment for me."
- Care plans were in place to support people with their health needs, for example dental and optical.
- If people did need to attend hospital, information was made available about the person to the relevant health care professional. The service also liaised with a dedicated health professional whose role included supporting the needs of people with learning disabilities in the hospital.
- One health professional told us the registered manager was, "Very good at referring when needed."

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

- The service had been adapted to meet the needs of the people living there. This included adaptations to support people who had mobility issues, for example the service had a wheelchair accessible shower.
- People could personalise their bedrooms as they wished, with one person telling us, "They [the provider] have put shelves up and pictures on the wall in my bedroom, it is like it was at home now."
- There was wheelchair accessible outside space for people to access if they wished.

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 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.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA.
- DoLS had been applied for when necessary.
- Where people were unable to make decisions about certain aspects of their lives, mental capacity assessments and best interests' decisions had been made.
- Staff were knowledgeable about the MCA, with one staff member telling us about the five key principles which were included in the MCA.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us they were supported by caring staff who knew them well.
- One person we spoke with told us, "We are like a family."
- A relative told us they understand their loved ones needs and worked well with them.
- We observed positive, caring interactions between people and staff.
- Care plans did not specifically ask about protected characteristics under the Equality Act 2010. However, the service did support people with a diverse range of needs related to their sexuality and religion. We discussed the inclusion of the protected characteristics into care plans with the registered manager, who said they would look at developing this.

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

- People were able to express their views. One person told us, "I feel listened to and if we suggest something to change then they [provider] will do it if it is possible."
- Another person told us, "There was a forum in the house every weekend where we can talk about what upsets us."
- The regional manager told us people would come to the registered manager's office to talk and we observed this on inspection.
- The registered manager referred to advocacy services when required. An advocate is somebody who speaks up on a person's behalf when they are unable to.

Respecting and promoting people's privacy, dignity and independence

- People were respected, and their independence and privacy promoted.
- One person told us they had nominated a staff member for an award around dignity.
- A relative told us that, "Without a doubt [person's name] was treated with dignity and respect."
- Staff respected people's privacy, for example knocking on people's doors before entering and promoting people's independence, for example by encouraging them to take their dishes into the kitchen.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

End of life care and support

- The service was not currently supporting anybody imminently at the end of their life.
- End of life wishes were not recorded in care plans. We spoke to the registered manager about this and they told us they were aware of people's wishes and would ensure these were recorded in people's care plans. We will check this on our next inspection.

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

- People received personalised care responsive to their needs.
- Support plans were person centred, for example they documented what was important to the person and how best to support them.
- People told us they had choices offered to them and we observed these being offered. For example, if people wanted to go out into the community.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was meeting people's communication needs.
- Documents were available in easy read formats for people to read if they wished.
- Communication care plans were in place which detailed how best to communicate with people.
- The provider had implemented cards with a variety of different facial expressions, to help support people explain how they were feeling, should they be unable to do this verbally.

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 take part in activities that were of interest to them.
- One person told us they were supported to practice their religion and were, "Offered choices around activities."
- Another person told us they were supported to, "Go on activities and attend a local social club."
- One relative told us, "I can visit whenever I want."

Improving care quality in response to complaints or concerns

- People told us they felt able to complain if necessary. One person told us, "If I was concerned about how I

was treated then I would speak to [registered managers name] and if I felt that [registered manager name] was involved or not listening I would speak to [regional managers name]."

- There had been no recent complaints about the service, however there was a complaints policy in place, which was also formatted into an easy read version.
- A relative told us if ever they did have concerns, they would raise these with management and they would be addressed as appropriate.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- The service promoted a positive, person-centred culture.
- One person we spoke with told us the registered manager was, "Very respectful."
- Professionals we spoke with told us, "There is openness and communication [between the provider and professional]" and the service is, "Person centred."
- A relative said their loved one was, "In the best place to meet their needs."

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

- The registered manager was aware of their duty of candour.
- Where necessary the registered manager had acted on their duty of candour and we saw records to confirm this.

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

- There was a clear structure to show which staff had what key responsibilities. Effective systems were in place to monitor the quality and standard of the service. For example, observation of staff dispensing medication to ensure this was done correctly.
- Staff were aware of the whistleblowing policy, with one person telling us, "[I would] report any concerns to the registered manager or the owner if they felt that the registered manager was involved or not taking action."
- The registered manager understood regulatory requirements. Notifications had been submitted to CQC and the service had their latest rating displayed with the home.

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

- The service involved and engaged people, relatives and staff. People told us they regular meetings in the house and they felt listened to.
- A relatives and visitors survey had been sent out and had received positive results. As a result of this survey, a newsletter had been produced to let people know about activities, achievements and news.
- One relative told us they receive, "Regular contact" from the staff via both phone and email.
- Staff confirmed they had supervision and appraisals and felt the registered manager was approachable.

Continuous learning and improving care

- The service was looking to learn and improve the care it provided to people. The service was in the process of setting up a small shop within the home, with one person telling us it had, "Been set up so that people could buy small items without the need to travel into the local town."
- One staff member told us management, "Supported them to develop."
- In order to have a positive impact on the people and create a healthy work life balance for staff, the provider had put a limit on the amount of hours staff worked per week.

Working in partnership with others

- The service worked in partnership with other professionals.
- One health and social care professional we spoke with told us, "When I have given guidance they are very responsive and put things in place immediately without question."
- Another health and social care professional told us, "If I needed any information [registered managers name] knew where it was."