

# Camino Healthcare Limited

## Oak 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?		Good	
Is the service well-led?		Good	

#### Overall summary

The inspection visit took place on 15 May 2015 and was unannounced. This was the first inspection for this location following registration with us in March 2014.

Oak House provides residential accommodation and support for up to 14 adults with mental health needs. At the time of our inspection visit, nine people were living there.

There was no 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. However, the new manager had submitted an application to be registered with us.

People that lived at the home felt safe in the knowledge that staff were available to support them. Staff knew how to reduce the risk of harm to people from abuse and unsafe practices. The risk of harm to people had been

# Summary of findings

assessed and managed appropriately. The provider had systems in place to keep people safe and protect them from the risk of harm and ensured people received their medication as prescribed.

There were sufficient numbers of staff available to meet people's identified needs. The provider ensured staff were safely recruited and they received the necessary training to meet the support needs of people.

The provider took the appropriate action to protect people's rights and all staff were aware of how to protect the rights of people.

People's health and support needs were met. People were able to choose what they ate and drank and supported to access health care professionals to ensure their health care needs were met. Staff were caring and treated people with respect and dignity.

There were a range of social and leisure activities that people could choose to take part in. There was a complaints process that people and relatives knew about. People's concerns were listened to and addressed quickly.

The provider had established management systems to assess and monitor the quality of the service provided. This included gathering feedback from people who used the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe

People told us they felt the service was safe.

There were sufficient numbers of staff that provided care and support to people.

People received their prescribed medicines safely.

Good



### Is the service effective?

The service was effective

People received care and support from staff that were trained to support them.

Staff were aware of key processes to ensure people's rights were protected.

People were supported to have a varied diet, and their health care needs were met where required.

Good



### Is the service caring?

The service was caring

People told us the staff were caring and kind.

People's privacy, dignity and independence were promoted by staff.

Staff was respectful of people's choices.

Good



### Is the service responsive?

The service was responsive

People's support plans were regularly reviewed to meet their changing needs.

People knew how to raise any concerns about their support and felt they would be listened to.

People were supported to take part in group or individual activities.

Good



### Is the service well-led?

The service was well led

People told us they were happy with the quality of the service they received.

People, relatives, health and social care professionals and staff told us the manager was accessible and approachable.

Quality assurance processes were in place to monitor the service to ensure people received a quality service.

Good



# Oak 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 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 unannounced inspection took place on 15 May 2015 and was carried out by two inspectors.

When planning our inspection we looked at the information we held about the service. This included notifications received from the provider about accidents, incidents and safeguarding alerts which they are required to send us by law. Before the inspection, the provider

completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service; what the service does well and any improvements they plan to make. We contacted the local authorities who purchased the care on behalf of people to ask them for information about the service.

During our inspection, we spoke with three people who lived at the home, four staff, one relative, four health and social care professionals, a manager and the new registered manager.

We looked at records in relation to three people's care and two people's medication administration records. We also looked at records relating to the management of the service; this included safeguarding records, maintenance records, staff training records and a selection of the service's policies and procedures.

# Is the service safe?

## Our findings

People living at the home told us they felt safe and they would not hesitate in speaking with their key worker, if they felt threatened in any way. A key worker is a member of staff, specifically assigned to work with an individual, to provide one to one support for that person. One person said, "If I have any worries or concerns, they [staff] are there to support me." Another person told us, "Staff check on me very night to make sure I am safe." People, relatives and health and social care professionals told us they felt people were supported and it was a safe environment for them to live in. A relative said, "I believe [person's name] is safe at this home, it's the best they've been in." We saw that people and staff had positive contacts, which demonstrated to us that people felt relaxed with the staff at the home.

Staff told us they had received safeguarding training. They were clear about their responsibilities for reducing the risk of abuse and told us about the different types of abuse. They explained what signs they would look for, that would indicate a person was at risk of abuse. For example, staff said they would look for signs of bruising, neglect or a change in a person's behaviours which could indicate they were being mistreated. A staff member told us, "If we suspected anything that could cause people any harm, we would report it to the manager." The provider's safeguarding procedures provided staff with guidance on their role to ensure people were protected. We saw from training records staff had received up to date safeguarding training. The provider reduced the risk of harm to people because there were appropriate systems and processes in place for recording and reporting safeguarding concerns.

Risks associated with the care and support needed by people had been identified and plans put in place to manage them. One staff member told us, "We review assessments every month with the person and if their support needs change in any way, we amend the plan." We saw from people's care plans they too were reviewed regularly and identified risks were managed appropriately. For example, the number of behaviours had significantly increased for one person. We saw there had been a review of the risk assessment and care plan and an action plan put together to support the person. The following month a significant reduction in behaviours had been recorded.

Staff told us that safety checks of the premises and equipment had been completed and we saw records were up to date. Staff were able to tell us what they would do and how they would maintain people's safety in the event of fire and medical emergencies. Staff knew what action to take because procedures had been put in place by the provider, which safeguarded people in the event of an emergency.

People, relatives and staff told us they felt there was enough staff on duty to support people. One person said, "I think there is enough staff, they are always here to help me." Staff told us that they would cover shifts for each other in the event of sickness or annual leave so people had continuity of support. We saw there was sufficient staff on duty to assist people with their support needs throughout the day. The new manager told us that the number of staff ending their employment at the home had decreased since there had been a better mix of staff skills and new rotas had been introduced.

Staff had been appropriately recruited with the right skills and knowledge to support people. One person told us, "I think the staff have the skills to support me." A relative told us, "I would say the staff are very good." Staff told us the less experienced members were teamed up with more experienced staff; this gave them the opportunity to learn from each other and develop their skills. Staff told us they had completed the appropriate pre-employment checks before starting to work at the home. We saw from three staff files the Disclosure and Barring Service (DBS) security checks had been reviewed and completed. The DBS check can help employers to make safer recruitment decisions and reduce the risk of employing unsuitable staff.

People told us they had no concerns about their medicines and confirmed they were given their medicines as prescribed by the doctor. There were people who required medicines 'as and when' (PRN), we saw there were PRN procedures in place to ensure this was recorded when administered. All medicines received into the home were safely stored, administered, recorded and disposed of when no longer in use. We looked at two Medication Administration Records (MAR) charts and saw that these had been completed accurately; although there were two minor errors on one sheet. We discussed this with the

## Is the service safe?

manager who informed us they had reviewed the recording processes with the staff. We found the provider's processes for managing people's medicines ensured staff administered medicines in a safe way.

# Is the service effective?

## Our findings

People, relatives and health and social care professionals were complimentary about the staff. We were told they thought staff were knowledgeable and trained to support people. One person said, “Staff are good, really nice.” A relative told us, “Staff have the skills and knowledge to help people.” A health and social care professional told us they felt staff were experienced and had the skills and training to support people. Discussions we had with the staff demonstrated to us, they had a good understanding of people’s needs. One person told us, “[Staff name] always pops in to make sure I’m ok, they look after you here.” A staff member told us, “It’s really good here; we have regular training and supervision.” We saw staff received, on average, bi-monthly supervision and their training requirements for the year were planned and tracked.

People told us they discussed their care and treatment with their key workers on a regular basis therefore, they were able to agree and have some control over their treatment. However, because of people's mental health issues some of the people using the service were subjected to certain restrictions under the Mental Health Act. For example, some people on a community treatment order (CTO) could be recalled to hospital by their psychiatrist, if their mental health deteriorated. One person told us, “I would like to go to [area] but I know I can’t.” People had to abide to limitations set for them as to where they could go and how long they could be out of the home.

Staff were able to demonstrate an understanding of the principles of the Mental Capacity Act 2005 (MCA) and the

Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) sets out what must be done to protect the human rights of people who may lack mental capacity to make decisions to consent or refuse care. DoLS requires providers to submit applications to a ‘Supervisory Body’ for permission to deprive someone of their liberty in order to keep them safe. The new manager had completed assessments and submitted DoLS applications in accordance with legal requirements.

People told us they were able to choose what they wanted to eat and drink. One person said, “We are asked what we would like to eat, I do try to eat more healthy.” We saw menus were planned over a four week period and people were involved in menu planning. A staff member said, “We do try to encourage people to eat a more healthy diet.” Support plans had identified people’s specific dietary requirements which had been reflected in the menu choice. For example, one person had food allergies which required the provider to purchase specialist food.

People told us they were happy with the care and support they received from staff. One person told us, “I know I have to be here but it is really nice, much better than were I have been before.” Each person had regular meetings with their key worker and support plans showed people were seen by health and social care professionals when required.

People had access to a ‘computer room’ which they could utilise with the support of their key workers. We also saw that people were encouraged to access information and guidance on preventative health, for example, reducing or stopping smoking, which supported people to maintain their health and wellbeing.

# Is the service caring?

## Our findings

People told us that the staff were helpful and respectful. One person said, “The staff are approachable and listen to you.” Another person said, “I would tell people about this home it helps a lot of people.” A relative told us, “In terms of [person’s name] care, we are quite happy, if we had any concerns, they wouldn’t be there.” Staff were able to tell us about people’s individual support needs, their likes and dislikes. This contributed to the staff being able to care for people in a way that was individual to them. A staff member told us, “Everything we do is centred on the person, we all work to provide them with an individual and personalised service.”

People told us they were involved in planning their care and support needs. One person said, “The staff always ask me what I want before doing anything,” and “Every month we have a review of my support.” A health and social care professional told us when they were assessing people’s care and support needs; they found the staff were knowledgeable about people’s preferences and medical history. We saw from the support plans that the care and support planning process was centred on the person, taking into account the person’s views and their preferences. A relative told us, “The staff listen to everything [person’s name] says.”

People said the staff prepared and made their meals, although they could assist if they wanted to. A staff member told us that each person worked with the occupational therapist in a specifically designed kitchen as part of their support programme. This gave people the life skills needed to safely use kitchen appliances. One person told us, “I can use the hob and once I’ve been assessed for the oven, I will be able to do my own cooking.” Another person had been assessed and was independently shopping and preparing their own food.

We saw staff had a good understanding of people’s needs and showed empathy towards people. People had their own keys to their rooms, which they could lock if they wished. One person said their dignity and independence were respected by staff. We saw that staff called people by their preferred names and listened to what people had to say about matters that were important to them. There were good humoured interactions between staff and people living in the home. We saw relationships between staff and people were good and people felt they could go to staff and ask for help when needed.

We saw that people were treated with respect and dignity. One person told us, “[Staff name] is very nice, they are polite to me.” A relative also told us they could meet their family member at any time and felt welcomed by the staff; which demonstrated the provider supported people to maintain family and friend relationships.



# Is the service responsive?

## Our findings

All the people living in the home were able to make decisions about their support. People told us they were happy how their support needs were being met. One person said, “The staff are ok, I’ve no complaints.” People told us they discussed their care and treatment with their key workers on a regular basis. A health and social care professional told us that any advice or guidance given to staff, they were happy to put into practice. We saw that staff responded to people that required support.

Relatives confirmed to us they were invited to participate in assessment reviews and if they could not attend, their family member would update them. One relative said, “Yes, I’ve been asked, everyone is very open and friendly.” Relatives told us communication was good and they were kept informed of any changes in their relative’s needs.

People were supported to set their goals and monitor them on a regular basis so that they knew if their goals were being achieved. A staff member said, “We are very person centred, all that we do is about the person.” We saw staff involved the person in any decisions and because each person had a named key worker, that provided consistency. We saw people were comfortable working with them. One staff member said, “Everyone has an input, everything is discussed in an open and transparent way with the person.” Support plans showed people’s preferences and interests had been identified and were regularly reviewed.

We could see people were engaged in a range of different interests throughout the day. Some people went out with their key workers into the local town. Others were relaxing

in their rooms. One person told us, “I’m off into town with [staff name] to go round the shops.” Staff told us they always tried to encourage people to go out to different places and experience different things. One staff member said, “We do have some challenges to deal with but it is very rewarding when you have supported someone to achieve a goal, although it is a gradual process.”

There were a variety of activities available at the home to encourage people to keep fit. For example, there were group walks, stop smoking sessions and cook well courses. One person said, “I enjoy cooking.” We saw that staff were engaged in different pursuits with people, encouraging and supporting them to, for example, go into the local town for shopping. There was also an outside gym with a small range of equipment. We saw that people were being encouraged to take responsibility for themselves, their environment and develop their skills.

People and relatives told us they had no complaints, although they knew how and who to complain to if they had any concerns. One person told us, “I wouldn’t hesitate in going straight to the manager.” Another person said, “I would go to any of the staff.” Staff explained how they would handle complaints and that they were confident the manager would resolve them quickly. Health and social care professionals had also raised a number of concerns. We discussed these with the manager and professionals and saw the relevant actions had been put in place and the situations had been satisfactorily resolved. We saw there was a system in place to record and investigate any complaints. The manager explained to us how they would follow the process to reach a satisfactory outcome.

# Is the service well-led?

## Our findings

People and relatives told us they felt the home was 'well managed' and the quality of the service was 'good'. One person told us, "I get on with all the staff," another person told us, "The manager is a nice person, very approachable." We saw that staff would speak to the manager for direction and guidance. A relative told us, "We haven't met the manager but have spoken to them on the phone, they seem to be involved with the people." A staff member said, "Since the new manager has arrived, it has got much better, everyone is very supportive of each other," another staff member said, "The manager takes things on board, they are always around, they have good rapport with the people." A health and social care professional commented that the new manager was 'knowledgeable' and that they were 'accessible'.

Oak House is a relatively new service, opened in March 2014, we saw that there had been a high turnover of staff, however, this had since stabilised with the appointment of a new manager. One person told us, "It has got a lot better since the new manager arrived, staff seem a lot happier."

Staff told us they had regular supervision and team meetings where they were kept informed on the development of the service and encouraged to put ideas forward. One staff member told us, "We have regular team meetings which gives us an opportunity to share any worries or concerns you may have about anything." We saw the manager conducted supervisions with staff and held regular team meetings.

People and relatives told us, they were asked by the provider for feedback. The provider held resident meetings every two months. People were encouraged to attend and participate. One person told us, "There are resident meetings where we can have our say." The provider had compiled an action list, as a result of the meetings, of what

people had asked for. For example, people told the provider they wanted more excursions out. This had been actioned with an advertisement placed on the notice board and awaited people's preferences.

We saw that satisfaction surveys had been completed by people. One person told us, "I have completed one since moving in, but there's nothing to improve, I'm happy here." A relative told us, "We did receive one but didn't fill it in, if we had any problems, we would tell them and if [person's name] wasn't happy, they would tell us."

There was no registered manager in post. However, the new manager had submitted their registration application and their interview had been scheduled for June 2015. Before the inspection we asked the provider to send us a completed Provider Information Return (PIR), this is a report that give us information about the service. This was returned to us completed within the timescale requested and was reflective of the service being provided to people. We saw that accidents and incidents were logged so that learning could take place from incidents. The provider had met their legal requirements and had notified us about events that they were required to by law.

Staff told us they would have no concerns about whistleblowing and felt confident to approach the manager, and if it became necessary, to contact Care Quality Commission (CQC) or the police. The provider had a whistleblowing policy that provided the contact details for the relevant external organisations for example, the local authority and CQC.

The provider had a quality assurance process. We saw copies of audits completed in April and May 2015. The manager completed regular audits, for example of health and safety, medication, care records and staff training. This ensured the provider had procedures to monitor the service to ensure the safety and wellbeing of people living at the home.