

Oval Residential Home

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Inspection report

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Date of inspection visit:
23 January 2017

Date of publication:
21 February 2017

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

Oval Residential Home is a residential care home, providing accommodation and personal care for up to three people with learning disabilities and mental health issues. There is a second home at 170 Oval Road, again for up to three people which is run and managed by the same provider. Oval Residential Home has a registered manager who also manages the sister home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

At our previous inspection in November 2014, we found the provider was meeting the regulations we inspected.

People were able to tell us directly what their views were of the service and told us that they felt safe using the service. Staff were trained in safeguarding adults and the service had policies and procedures in place to ensure that the service responded appropriately to allegations or suspicions of abuse. The service ensured that people's human rights were respected and took action to assess and minimise risks to people. Staff had received training on behaviour that may challenge and the service consulted with other professionals about managing aspects of behaviour safely.

Both people told us that they thought that staff were friendly and helpful. Throughout our inspection we observed that staff were caring and attentive to people. Staff approached people with dignity and respect and demonstrated a good understanding of people's needs. Staff were quick to respond when people needed support.

There were enough qualified and skilled staff at the service. Staff had access to information, support and training that they needed to do their jobs well. The provider's training programme was designed to meet the needs of people using the service so that staff had the knowledge they required to care for people effectively. The provider also made use of training provided by the local authority social services team when this was offered.

People were provided with a range of activities in and outside the service which met their individual needs and interests. People were encouraged to build and develop their independent living skills both in the service and in the community.

Care plans contained information about the health and social care support people needed and records showed they were supported to access other professionals when required. People were involved in making decisions about their care. Where people's needs changed, the provider responded and reviewed the care provided.

People using the service and staff told us they found the manager to be friendly and accessible. We observed an open and inclusive atmosphere in the service and the manager led by example. Staff were

happy working for the service and motivated to provide person centred care.

The service had effective procedures for reporting and investigating incidents and accidents.

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. There were robust arrangements in place to protect people from the risk of abuse and harm. People we spoke with felt safe and staff knew about their responsibility to protect people.

Staff knew people's needs and were aware of any risks and what they needed to do to make sure people were safe. Medicines were managed and administered safely.

There were systems in place to deal with emergency situations or unforeseen circumstances to ensure people's safety. There were enough staff to meet people's needs.

Is the service effective?

Good ●

The service was effective. People received care from staff who were trained to meet their individual needs. Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were protected from the risks of poor nutrition and dehydration. People had a balanced diet and the provider supported people to eat healthily. Where nutritional risks were identified, people received the necessary support.

The provider acted in accordance with the Mental Capacity Act (2005) Code of Practice to help protect people's rights.

Is the service caring?

Good ●

The service was caring. People felt valued and respected and were involved in planning and decision making about their care. People's preferences for the way in which they preferred to be supported were clearly recorded.

Care was centred on people's individual needs. People were involved in the assessment of their needs and they helped create

their care plans. Staff knew people's background, interests and personal preferences well and understood their cultural needs.

The service was committed to the principles of dignity, equality and diversity. People's skills and personal achievements were recognised, encouraged and celebrated in different ways.

Is the service responsive?

Good ●

The service was responsive. People using the service had personalised care plans, which were current and outlined their agreed care and support arrangements.

The service actively encouraged people to express their views and had various arrangements in place to deal with comments and complaints. People were confident to discuss their care and raise any concerns. People felt listened to and their views were acted on.

People had access to activities that were important to them. People planned what they wanted to do and were actively involved in their local community. Staff demonstrated a commitment to supporting people to live as full a life as possible.

Is the service well-led?

Good ●

The service was well-led and promoted a positive and open culture. Staff told us that the manager was approachable and supportive. Staff were able to discuss and question practice and there were effective systems to raise concerns and whistle-blow.

The manager monitored incidents and risks to make sure the care provided was safe and effective. The provider took steps to learn from such events and put measures in place which meant they were less likely to happen again.

Oval Residential Home

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.

Before the inspection we reviewed the information we held about the service. This included notifications, safeguarding alerts and outcomes and information from the local authority.

This inspection took place on 23 January 2017 and was unannounced. The inspection was carried out by one inspector. We spoke with two people using the service, two members of staff and the manager during the course of our visit.

There were two people living at Oval Residential Home and we looked at both records about people's care. We also looked at the records of three members of staff as well as a sample of medicines records and policies and procedures of the home. We observed the interaction between people and the care provided by staff.

Is the service safe?

Our findings

Both people we spoke with felt safe living at Oval Residential Home. One person told us, "I like living here. The staff look after me." Another person was able to let us know they felt safe through answering direct questions and through their interaction with staff throughout the day.

Both people were happy to show us their rooms and talk to us about their life at the home. We were able to observe through their actions and demeanour that they were completely at ease living at Oval Residential Home and had freedom to go where they chose.

We saw that staff had received training and updates on safeguarding. The provider had clear procedures on safeguarding adults including how to recognise abuse and what steps to take. These procedures included appropriate contacts with local authorities and reflected the Pan London safeguarding procedures.

We spoke with two members of staff who confirmed they had attended training on safeguarding and who were able to describe the steps they would take if they suspected or saw abuse. We saw that the provider had the necessary contact details of the local authority and other professionals to investigate any concerns relating to people.

We saw that staff induction included training in equality and diversity and rights and choices as well as safeguarding people from abuse, all of which underpinned the philosophy of keeping people safe whilst respecting their rights.

Records showed that the risks people may face or experience had been assessed. The assessments we looked at were clear and regularly reviewed, up to February 2016. They provided details of how to reduce risks for people by following guidelines. The information was personalised, took into account people's rights and covered risks that staff needed to be aware of to help keep people safe.

Staff had completed relevant training on how to support people whose behaviour challenged the service. In addition the manager maintained close contact with external professionals such as clinical psychologists, social workers and GPs, as well as sharing information with family or other significant people.

Staff allocation records showed that people received appropriate staff support. Staffing numbers and shifts were managed to suit people's needs so that people received their care when they needed and wanted it. We saw there was always at least one member of staff present between 9am and 4pm with the manager being available when required as well as a sleeping-in care staff who came on duty at 4pm till 9am.

We found that staff turnover was low. This ensured a sense of continuity and consistency with regard to people's care and support which in turn maintained their safety. However, the provider had a recruitment procedure in place which included application forms, references and checking.

We saw that medicines were managed and administered safely. Staff had been trained in the administration

of medicines and medication records were up to date and accurate. There were policies and procedures on the safe handling and management of medicines and regular checks were carried out.

Is the service effective?

Our findings

People we spoke with told us that they enjoyed living at the home and that they had a varied day and week. One person told us, "I like going out with the staff and they help me keep my room nice."

The provider had an on-going programme of training. We saw that a new member of staff had completed an induction course which involved shadowing more experienced staff, becoming familiar with policies and procedures, learning about the support needs and history of the people who used the service and completing a workbook of learning objectives.

Mandatory courses included safeguarding, handling medication, infection control, food hygiene, moving and handling and communication. In addition to basic mandatory training some staff had access to training in areas such as behaviour which challenges the service, the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). We saw that the service had an action plan to ensure that training continued in these areas. Some staff had also completed national vocational qualifications to level 3.

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. The application procedures for this in care homes and hospitals are 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 were being met. At the time of inspection three people across both of the provider's services had had authorisations made under DoLS.

Staff talked positively about their work and the manager. One said, "She is always available, either by being here or by phone. She is always there to help." All staff we spoke with told us also that the manager was approachable at any time and was always prepared to discuss any aspect of their work.

People were able to show us that they spent their time according to their own personal preferences and interests and they received support in a way that they preferred. This was reflected in the weekly timetable and the way meals were planned. Although there was a weekly timetable of events and activities that people could participate in, there was flexibility built into this that allowed for changes to be made.

Meals were planned in an informal way which suited the culture of the small home. These were based on what people's stated likes and dislikes were but again individual meals could be prepared if someone did not want to eat the planned meal. Shopping and meal preparation was led by staff with the involvement of

people if they were interested.

People's care records included personal profiles which detailed people's needs and interests from their point of view in accordance with the procedures set out by the provider.

We saw from care records that there were good links with local health services and the local GP practice. Some people had specialist input from community psychiatric nurses and this was clearly recorded in peoples' files.

Each person had a health action plan and a 'health passport' which contained details about them and their healthcare needs. A health passport is a document which the person can take to health care appointments to show how they like to be looked after. We saw that information had been kept up to date and reviewed regularly as people's needs had changed.

Is the service caring?

Our findings

People we spoke with told us that they found the staff kind and caring. One person told us, "I like [X], she does things for me and looks after me."

We observed staff in their interaction with people and saw that they treated people with respect and kindness. We saw that people were relaxed and comfortable around staff and observed that the care workers regularly asked people if they needed help, listening attentively to them and not hurrying people.

We spoke with two members of staff about the people they supported. Staff knew people well and were able to tell us about people's individual needs, preferences and personalities. They were knowledgeable about people's background and interests and these details were included in the care plans. They had a clear understanding of people's needs and what they were required to do to meet those needs.

During the inspection we saw people at different times interacting and engaging with staff in a positive and friendly manner. We saw staff engage with people in an informal way where this was appropriate, for example when preparing meals or in the lounge relaxing.

Staff were aware of the various activities and timetables for people and would prompt people to talk about their day. People were supported to maintain relationships with their families and friends. Details of who was important to people were maintained and the service involved them as far as they wished.

People were encouraged and supported to make decisions about their care and daily lives as far as possible. Examples included what to wear, what to eat and the activities they took part in. The numbers of people in the home, two, enabled everyone to talk regularly in an informal manner about how things were in the home.

Staff ensured that people's dignity was respected by providing care in a manner that suited people's needs. For example, one person preferred a lot of staff affirmation about the things they had achieved whilst another preferred to spend their day in a more quiet manner.

People understood the arrangements made for their care and support and knew about the choices and opportunities open to them. We saw that people were provided with this information during reviews and in their daily activities. People were also involved in the creation of their care plan through consultation and care plans were written from the individual's perspective.

Staff had received training on the principles of privacy and dignity and person centred care.

Is the service responsive?

Our findings

People who lived at Oval Residential Home had received assessments of their support needs and relevant social and personal information was maintained and kept up to date. This enabled staff to deliver person-centred care. The assessment considered all aspects of a person's life, including their strengths, hobbies, social needs, dietary preferences, health and personal care needs and ability to take positive risks. There were systems in place to ensure that the person's placement and care plans were monitored regularly.

The provider had ensured that people's consent to sharing relevant information was obtained and this was then used in summary form such as "hospital passports" which provided only information that others might need to know.

Activities recorded in people's care plans corresponded with what people told us about their interests. We saw that people were involved in planning and reviewing their care through reviews and contact with care staff.

Staff told us that they shared information at each shift change to keep each other up to date with any changes in people's needs. We saw daily records about each person's daily experiences, activities, health and well-being and any other significant issues. This helped staff to monitor if the planned care and support met people's needs.

People's diverse needs were understood and supported and care records included information about their needs. There were details in relation to people's food preferences, interests and cultural background. This was reflected in daily life with regard to, for example, the choice of meals for people.

People were supported in promoting their independence and community involvement. We saw that activities were offered to people, based on their lifestyle choices and as recorded in their care plans. People talked about how they liked to spend their time. These included eating out, day centres, clubs, shopping and indoor activities.

People were encouraged to retain and develop their independent living skills such as cooking, housekeeping and accessing their local community. People also had access to local health services such as GP, dentist and opticians.

People were aware that they could make complaints. Although no one provided a step-by-step description of the formal process, everyone we spoke with indicated someone they would go to if they were unhappy or had a problem. We saw that the provider's complaints procedure specified how complaints could be made and who would deal with them.

Is the service well-led?

Our findings

Oval Residential Home is a small home for up to three people and with a small staff team. The leadership of the service was carried out mainly by the manager on a day-to-day basis and was task orientated and structured around the operational aspects of the service. The manager told us, "Because the home is small and with only two people living here, we try to run it more as a family home than a large care home."

Staff had clear lines of accountability for their role and responsibilities. Throughout our visit, the manager often spent time speaking with people using the service and staff, responding to their queries or requests for information.

People told us they liked the manager and staff. We observed that people felt at ease amongst staff and the manager. The manager told us that the service was stable in its operation and that there were not any plans for major or radical change.

We discussed with the registered manager how she updated her own professional development and what quality assurance measures were in place for the continued running of the home. The manager described how she attended events run by the local authority for providers and had enrolled on a palliative care course with a local hospice.

We discussed the importance of maintaining continuous professional development and regularly updating awareness on best practice for adults with learning disabilities and mental health problems. The manager agreed that as the people in the home were becoming older, with changing needs, that this created a need for a review of the overall purpose of the service, taking into account the environmental factors of the home, the knowledge and skills of staff with regard to caring for older people, the type of care and opportunities for people and the management skills required to oversee this.

The manager agreed to consider this and look at ways of ensuring that the service was updated according to any changing needs of people, or changes in the standards of care required by the CQC or local authority.

We saw that the service had policies and procedures which emphasised an open culture where staff could raise concerns and share ideas. Records of any complaints or incidents were maintained. As required by law, our records show that the service has kept us promptly informed of any reportable events.