

## Oval Residential Home

# Oval Residential Home - 170 Oval Road

### Inspection report

170 Oval Road  
East Croydon  
Surrey  
CR0 6BN

Tel: 02086869814

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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

170, Oval Road is a care home providing personal care and accommodation to people living with mild to moderate learning disabilities. There is a second home at 164a Oval Road, again for up to three people which is run and managed by the same provider. The service can support up to three people. The care home accommodated three people at the time of this inspection 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 of 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.

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

People told us they felt safe living at this home. The registered manager, deputy manager and staff understood their responsibilities to raise concerns and report incidents or allegations of abuse.

The registered manager had planned and booked training to ensure staff had appropriate knowledge to support people.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks.

The premises were cleaned and well maintained. Safe infection control procedures were in place that staff implemented effectively.

People enjoyed the food and could choose what they ate. People's cultural preferences were catered for.

Staff recruitment and staffing levels supported people to stay safe while working towards their goals and going about their lives.

The administration of medicines to people was safe, and people received their medicines as prescribed. The storage of medicines was safe.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People received effective care and support from staff who knew them well.

People had their healthcare needs identified and were able to access healthcare professionals such as their

GP. We observed kind and friendly interactions between staff and people. People told us staff were caring and respected their privacy and dignity.

People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were systems in place to ensure concerns and complaints were responded to in an appropriate way.

The service encouraged feedback from people, families, and professionals, which they used to make improvements to the service and protect people against the risks of receiving unsafe and inappropriate care and treatment.

Staff felt the registered manager was supportive and open with them and communicated what was happening at the service and with the people living there.

The provider had quality assurance systems in place to monitor the running of the service and the quality of the service being delivered. With the help of the staff team, they took actions to address any issues.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

At the last inspection the service was rated good (Report was published 23 January 2017).

#### Why we inspected

This was a planned inspection in line with our inspection schedule 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 reinspection 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.

# Oval Residential Home - 170 Oval Road

## **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

This inspection was carried out by one inspector.

#### Service and service type

170 Oval Road is a care home (without nursing) which is registered to provide a service for up to three people with learning disabilities. People in care homes receive accommodation and nursing or personal care as a 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

The inspection was unannounced.

#### What we did before the inspection

Prior to the inspection we looked at all the information we had collected about the service including previous inspection reports and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. 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.

#### During the inspection

We spoke with the registered manager, the deputy manager and the senior support worker. We observed interactions between staff and people living at the service. We inspected the premises. We reviewed a range of records relating to the management of the service for example, audits and quality assurance reports; records of accidents, incidents; compliments and complaints, and maintenance records. We looked at three staff recruitment files and staff support information. We looked at three people's support plans and associated records.

#### After the inspection

We contacted four relatives and two health and social care professionals for feedback.

# 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 risks of abuse. They said they felt safe living there. The relatives of people commented to us they thought their family members were well looked after and safe. It was evident from our observations of interactions between people and staff that there was a strong bond of trust between both parties.
- The provider had an appropriate policy and safeguarding procedure, linked with that of the local authority. Staff were able to describe potential signs of abuse and knew what actions they must take in order to protect people from any concerns they may have. This has helped to keep people safe.
- Staff knew how to deal with and report any other issues relating to people's safety. Staff were confident the managers and senior staff would act on any concerns reported to ensure people's safety.

### Assessing risk, safety monitoring and management

- People were protected from potential risks that they might face. There were comprehensive risk assessments in place associated with their health and the care they received.
- Support plans provided guidance for staff on how to minimise the identified risks without restricting people's independence. Information about risks and needs were kept under review. As people's needs changed, risk assessments were also adjusted to reflect the changes.
- People's support plans had detailed guidelines to ensure staff supported them appropriately, including personal care, communication, emotional and behavioural support.
- There were Personal Emergency Evacuation Plans – [PEEPs] in place to ensure people were supported in the event of emergency.
- The environment and equipment were safe and well maintained. Staff monitored other general environmental risks, such as water temperatures, fire exits and slip and trip hazards.

### Using medicines safely

- People received their medicines safely and as prescribed.
- Medicines were stored securely and regularly checked by the staff.
- Only trained staff who had been assessed as competent supported people with their medicines.
- We reviewed medicine administration record (MAR) charts, which were complete with no errors.
- Where people were prescribed 'as required' medicines, we found there was guidance in place to identify when the person might need the medication or what symptoms they might present with.
- We undertook a stock take check of stored medicines and we found stored medicines matched the recorded levels on MAR sheets.

### Staffing and recruitment

- We looked at staff rota's which showed there were good staffing levels to support people appropriately.
- Robust recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. Staff files contained appropriate checks, such as references and criminal records checks.

#### Preventing and controlling infection

- Appropriate measures were in place regarding infection control. The service was clean and odour free.
- Staff used appropriate personal protective equipment to protect people from the risks relating to cross infection.
- Staff were trained in infection control and followed the provider's policies and procedures.

#### Learning lessons when things go wrong

- The registered manager had a system for recording accidents and incidents and information was recorded in detail with appropriate actions taken. The registered manager reviewed this information for trends and triggers, and to look for ways to reduce the risk of reoccurrence.
- Regular agenda items for staff meetings and staff supervision provided opportunities to learn from past events and put measures in place to ensure everyone's safety. The service also worked closely with professionals and engaged in reflective practice to identify areas for improvement.



# 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 good. At this inspection this key question remained the same. 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 holistically assessed to identify how they could best be supported to meet people's individual needs.
- People's support plans were person centred and clearly described people's personal likes and preferences, their social interests, as well as physical and emotional needs. People told us they were involved in drawing up their support plans.
- Relatives said they were pleased staff supported people in ways that promoted their independence and ensured they had choices.

Staff support: induction, training, skills and experience

- People received effective care and support from staff who knew how they liked things done. We observed staff interacted well with people and responded to those who needed help.
- Staff received training that equipped them with the knowledge they needed to support people. The registered manager had a system for monitoring staff training to ensure training was up to date. They had booked training to ensure all staff had appropriate knowledge to support people.
- When new staff started they had an induction that included training and a period of shadowing experienced staff before working on their own.
- Staff said they received the training they needed to enable them to meet people's needs, choices and preferences. Staff members received feedback about their performance and discussed training needs during one to one supervision and annual appraisals.

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

- People were supported to receive meals which met their dietary requirements. Staff made sure foods were available to meet people's diverse and cultural needs and preferences. People also helped decide on the menu choices every week on Sundays.
- The registered manager told us all the food provided for people was home cooked. People confirmed this and said the food they were provided with was 'really good'. Staff told us people were given options if they changed their minds on what they wanted to eat. Snacks and drinks were available, and they were encouraged to drink regularly.
- The provider sought the advice of dietitians or speech and language therapists, as necessary, and followed any advice given.

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

- Health care professionals told us the provider took great care in ensuring people's healthcare needs were met appropriately. People were supported to maintain good health. Support plans covered aspects of care including health and well-being to meet people's individual needs.
- People's changing health needs were monitored appropriately to ensure they were responded to promptly.
- A well-maintained record of all people's health appointments was kept on their care files. This demonstrated that people were referred to appropriate health professionals as necessary, such as the dentist and to their GPs. The staff were knowledgeable and informed about people's health and wellbeing.
- We saw the care for people's health and wellbeing was proactive and organised well.

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

- The building was homely, clean and well maintained and furnishings and fittings were of a good quality.
- People's individual preferences and support needs were reflected in how adaptations were made, and how the premises were decorated. For example, people were supported in choosing how they would like their bedrooms decorated.

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. The registered manager knew what they were responsible for under these principles.

- All the people receiving support had capacity to make their own decisions, this was confirmed by the staff.

# 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 and their relatives were satisfied the care and support offered by staff to them was good. A relative told us, "The staff are kind and caring to [family member]." A healthcare professional commented on the home being like a family home with a warm, friendly environment where staff really cared for people.
- Staff showed understanding and skill when working with people and it was obvious they knew them well.
- From our observations we saw people were comfortable with staff and responded well to them. Relatives agreed staff were caring when they supported their family members.
- Staff provided support to meet the diverse needs of people using the service including those related to disability, gender, ethnicity and faith. For example, one person told us they regularly went to church on a Sunday and were supported by staff to do so. Care plans included information about people's cultural requirements and spiritual beliefs.

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

- People were able to express their views and said they made everyday decisions about their care and support. People's views were also sought through care reviews and house meetings. We saw minutes of these meetings that supported this. For example, at a recent house meeting holiday options and day trips were discussed. People were able to put forward their choices and preferences as to where they wanted to go. Decisions were made based on these choices.
- Healthcare professionals told us staff helped people to make choices about their care.
- People's bedrooms were personalised and decorated to their taste, including pictures of friends and family and other items important to the person. We observed people looked well cared for, with clean clothes and appropriate footwear.

Respecting and promoting people's privacy, dignity and independence

- People were treated with care and kindness. Relatives told us staff were respectful towards their family members and helped to protect their dignity and privacy.
- Staff understood the importance of treating people with dignity and compassion, and of respecting their privacy. For example, knocking on their doors, respecting their wishes for time and preserving dignity during personal care.
- People were encouraged and supported to be as independent as possible. On the day of the inspection one person decided to travel to London Heathrow to see the aeroplanes. Staff helped them plan the day successfully. The person returned happily towards the end of the inspection having travelled alone and they told us they 'really enjoyed the trip.'
- People's right to confidentiality was protected. All personal records were locked away in the office. Staff understood the importance of keeping information confidential. They would only discuss things in private

with appropriate people when necessary.

# 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 good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- 170, Oval Road is a small family run home and the people living there as well as the staff group have been stable with few changes made over the last few years. This has meant people and staff know each other well. It has enabled people to receive individualised support to meet their needs in a very warm and friendly, homely setting. One relative told us, "This is a really comfortable, warm home where people are happy." A Healthcare professional commented that they felt this was like a family home where everyone cared for each other.
- Our inspection of people's support plans showed they contained a good level of detail and were written in an individualised style. Clear guidance was available for staff to follow with information and guidance on each person.
- People's needs and support plans were regularly assessed for any changes. People's changing needs were monitored, and support plans amended when changes occurred or if new information came to light. Where a person's health needs changed, staff worked closely with health care professionals to help ensure their needs were met.

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 understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had a good understanding of the AIS and people's communication needs were assessed and documented within their care plans. Staff were knowledgeable on how different people expressed themselves and during our inspection we observed that staff took time to listen and engage with people.
- People's communication needs were regularly reviewed. We saw on people's care files that detailed how their communication needs could be best met. Useful strategies for staff were documented.

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

- Relatives told us their family members were supported to develop and maintain relationships with them. One said, "We see [our family member] regularly and that's good for all of us because we are a close family."
- People told us they were encouraged and supported to follow their interests and to take part in social activities according to their choices. They said they enjoyed the activities they were involved in. A highlight people spoke with us about was a recent holiday to Spain. It was clear that people really appreciated that experience.
- We saw people had a wide range of activities they were involved in and staff ensured they accessed the

community regularly. People attended a day centre each week, went shopping, took day trips for example to the lavender fields in Sutton and were involved in a gardening project.

- People were supported to involve themselves in the local community and visited local shops, clubs, pubs, restaurants, church and other venues. People had access to and used public transport. The provider also had access to a vehicle when needed. During our inspection we observed people were happily going out throughout the day.

#### Improving care quality in response to complaints or concerns

- The provider had an appropriate policy and procedure in place that set out the steps someone would need to take if they had a complaint. This included an appropriate timescale within which they might expect a response to their concerns.

- Staff were aware of how to assist people if they had a concern or a complaint to make. Any feedback received was used to develop and improve the services.

- People and their relatives told us they talked with staff or the registered manager if they had any complaints although they told us they had not had any reason to complain since they started receiving a service.

- The registered manager told us they had not received any complaints since the service was registered.

#### End of life care and support

- At the time of this inspection the service was not providing end of life care to anyone living at the service. We saw the staff had taken the time to explore end of life wishes with people and where appropriate with their families.

# 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 good. At this inspection this key question 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.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The provider had an effective management and staffing structure in place that promoted person-centred care and transparency. The registered manager understood their duty of candour responsibility to and notified CQC appropriately of significant incidents including allegations of abuse and serious injuries.
- People, their relatives and the health and social care professionals were positive about the service from the provider. They said the registered manager and staff were committed to providing good, high quality care. Comments we received reflected this and included, "The registered manager keeps us well informed" and "The registered manager and the staff liaise with us regularly about people's progress and where we need a joint approach."

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

- Quality assurance systems helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided.
- The registered manager told us they were focussed on delivering an effective service that met people's needs in a caring and person-centred way.
- Staff were well supported with good training and one to one supervision. The registered manager monitored how staff were working practically with the person as well as monitoring their performance. In this way they were able to ensure improvements were made where necessary.

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

- Staff interacted with people daily to ensure they were happy with the service they received.
- Feedback questionnaires were sent out to people who used services, their relatives and to staff. The registered manager told us the 2019 survey questionnaires were recently sent out and we saw some positive feedback that was already returned. The feedback was analysed, and a summary report produced together with an action plan that identified areas where improvements could be made.
- People received a service from staff who were happy in their work and told us so. They said they worked in an open and friendly culture. One staff member told us, "I am very happy here, I enjoy my work." A healthcare professional we spoke with commented on there being a friendly teamwork approach in the home and good liaison with other health and social care professionals. Staff told us the registered manager dealt effectively with any concerns if they were raised.

#### Continuous learning and improving care

- Management monitoring tools included systems to review incidents and accidents which helped to ensure action was taken to prevent a recurrence. The registered manager was aware of their responsibility to submit notifications to CQC of notifiable events. Notifications had been submitted in a timely way.
- Staff team meetings evidenced staff were provided opportunities to build a coherent team approach and to discuss their work. The minutes showed that best practice areas were discussed as well as issues relating to health and safety and working with other agencies. Staff were able to discuss work they did with people at these meetings, share any worries they had about individuals and seek advice. They told us they felt they were listened to.
- Quality assurance systems helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided.